2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# L08000091392

Entity Name: FIRST PRIME INSURANCE SERVICES, LLC

Current Principal Place of Business:

50 LEANNI WAY, UNIT C5
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

50 LEANNI WAY, UNIT C5
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 26-3508958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESENDES, LASALETTE
3 FLORIDA PARK DRIVE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

RESENDES, LASALETTE
98 INLET HARBOR RD
PONCE INLET, FL 32127 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RESENDES, LASALETTE
Address: 98 INLET HARBOR ROAD
City-St-Zip: PONCE INLET, FL 32127

Title: MGR ( ) Delete
Name: RESENDES, ANTONIO
Address: 98 INLET HARBOR ROAD
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LASALETTE RESENDES MGRM 04/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date