

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091392

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**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:**

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

**Name and Address of New Registered Agent:**

BRASIL-RESENDES, LASALETTE  
50 LEANNI WAY, UNIT C5  
PALM COAST, FL 32137 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:** LASALETTE BRASIL-RESENDES

02/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BRASIL-RESENDES, LASALETTE  
**Address:** 98 INLET HARBOR ROAD  
**City-St-Zip:** PONCE INLET, FL 32127

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

I hereby 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 BRASIL-RESENDES

MGRM

02/25/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date