

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091392

FILED
Mar 23, 2012
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
50 LEANNI WAY, UNIT C5
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BRASIL-RESENDES, LASALETTE
Address: 13 SABAL BEND
City-St-Zip: PALM COAST, FL 32137

Title: MGR
Name: RESENDES, ANTONIO
Address: 13 SABAL BEND
City-St-Zip: PALM COAST, FL 32137

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

03/23/2012

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