

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107996

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: 1ST CLASS INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

407 HWY 17-92 WEST  
HAINES CITY, FL 33844

**New Principal Place of Business:**

407 US HWY 17-92 WEST  
HAINES CITY, FL 33844

**Current Mailing Address:**

407 HWY 17-92 WEST  
HAINES CITY, FL 33844

**New Mailing Address:**

407 US HWY 17-92 WEST  
HAINES CITY, FL 33844

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

BOYD, CATHY  
407 HWY 17-92 W  
HAINES CITY, FL 33844 US

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

BOYD, CATHY  
407 US HWY 17-92 W  
HAINES CITY, FL 33844 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: CATHY BOYD

02/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOYD, CATHY  
Address: 349 HAMILTON SHORE DR NE  
City-St-Zip: WINTER HAVEN, FL 33881

**ADDITIONS/CHANGES:**

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: CATHY BOYD

MGRM

02/09/2009

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