

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107996

FILED
Apr 27, 2010
Secretary of State

Entity Name: 1ST CLASS INSURANCE SERVICES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 27-0899052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYD, CATHY
407 US HWY 17-92 W
HAINES CITY, FL 33844 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: BOYD, CATHY
Address: 349 HAMILTON SHORE DR NE
City-St-Zip: WINTER HAVEN, FL 33881

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: CATHY BOYD

MGRM

04/27/2010

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