

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006328

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** FOCAL POINT INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

15190 S.E. 104TH CT.  
SUITE B  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

**Current Mailing Address:**

15190 S.E. 104TH CT.  
SUITE B  
SUMMERFIELD, FL 34491 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

THE MILLHORN LAW FIRM  
13710 US HIGHWAY 441  
SUITE 100  
THE VILLAGES, FL 32159 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: ERIC C MILLHORN

03/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPAYD, CHANDELLE R  
Address: 15190 S.E. 104TH CT., SUITE B  
City-St-Zip: SUMMERFIELD, FL 34491 US

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: CHANDELLE R. SPAYD

MGR

03/28/2011

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