

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000019103

FILED
Jan 20, 2010
Secretary of State

Entity Name: CAPITAL INSURANCE SERVICES GROUP, LLC

Current Principal Place of Business:

1110 BRICKELL AVENUE
SUITE: 430D
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

1110 BRICKELL AVENUE
SUITE: 430D
MIAMI, FL 33131 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MARTINEZ RENGIFO, YVAN
1110 BRICKELL AVENUE
SUITE: 430D
MIAMI, FL 33131 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: MARTINEZ RENGIFO, YVAN 50%
Address: 1110 BRICKELL AVENUE - SUITE: 430D
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM
Name: PRADO, ANTONIO 50%
Address: 1110 BRICKELL AVENUE - SUITE: 430D
City-St-Zip: MIAMI, FL 33131 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: YVAN MARTINEZ RENGIFO MGRM 01/20/2010

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