

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000097978

FILED
May 01, 2010
Secretary of State

Entity Name: COMMERCIAL INSURANCE SPECIALTY, LLC

Current Principal Place of Business:

208 N. 2ND STREET
B
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

208 N. 2ND STREET
B
FLAGLER BEACH, FL 32136

New Mailing Address:

FEI Number: 27-1147529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ECKER, DEBORA H
3054 PAINTERS WALK
FLAGLER BEACH, FL 32136 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ECKER, DEBORA H
Address: 3054 PAINTERS WALK
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGRM
Name: ECKER, SEAN H
Address: 424 BRYAN STREET
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR
Name: ECKER, NEAL G
Address: 3054 PAINTERS WALK
City-St-Zip: FLAGLER BEACH, FL 32136

Title: MGR
Name: ECKER, KYLE H
Address: 3054 PAINTERS WALK
City-St-Zip: FLAGLER BEACH, FL 32136

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: DEBORA H. ECKER

MGRM

05/01/2010

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