

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000123472

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** COGENT INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

351 SW 136TH AVE.  
SUITE 205  
DAVIE, FL 33325

**New Principal Place of Business:**

351 SW 136TH AVE.  
SUITE 206  
DAVIE, FL 33325

**Current Mailing Address:**

351 SW 136TH AVE.  
SUITE 205  
DAVIE, FL 33325

**New Mailing Address:**

351 SW 136TH AVE.  
SUITE 206  
DAVIE, FL 33325

**FEI Number:** 27-1567532

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ESSE, JAMES A  
351 SW 136TH AVE.  
SUITE 205  
DAVIE, FL 33325 US

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

ESSE, JAMES A  
351 SW 136TH AVE.  
SUITE 206  
DAVIE, FL 33325 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: JAMES A. ESSE

04/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ESSE, JAMES A  
Address: 48 GREENS ROAD  
City-St-Zip: HOLLYWOOD, FL 33021

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: JAMES A. ESSE

MGR

04/11/2011

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