2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L10000102397

Entity Name: MASTER CAPITAL INSURANCE SOLUTIONS LLC

Current Principal Place of Business:

1385 WEST STATE ROAD 434
SUITE 101 D
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

1385 WEST STATE ROAD 434
SUITE 101 D
LONGWOOD, FL 32750 US

New Mailing Address:

FEI Number: 27-3569886 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOBER, SCOTT M
1385 WEST STATE ROAD 434
SUITE 101 F
LONGWOOD, FL 32750 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: TOBER, SCOTT M
Address: 1385 WEST STATE RD 434 SUITE 101 F
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM
Name: RIVADENEIRA, EVELYNN
Address: 1385 WEST STATE RD 434 SUITE 101 D
City-St-Zip: LONGWOOD, FL 32750 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 Statues.

SIGNATURE: SCOTT M TOBER MGRM 04/28/2011

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