

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000115709

FILED
Apr 29, 2011
Secretary of State

Entity Name: COASTAL INSURANCE PROGRAMS, LLC

Current Principal Place of Business:

177 US HWY. 1., STE 292
TEQUESTA, FL 33469 US

New Principal Place of Business:

Current Mailing Address:

177 US HWY. 1., STE 292
TEQUESTA, FL 33469 US

New Mailing Address:

FEI Number: 27-3902952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTWOOD, JAMES D II
185 INDIAN CREEK PARKWAY
#107
JUPITER, FL 33458 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: WESTWOOD, JAMES D II
Address: 185 INDIAN CREEK PARKWAY, #107
City-St-Zip: JUPITER, FL 33458 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: JAMES D WESTWOOD II

PRES

04/29/2011

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