

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000011501

Entity Name: CMS INSURANCE AGENCY, LLC

FILED
Jan 24, 2012
Secretary of State

Current Principal Place of Business:

9550 CYPRESS HAMMOCK CIR.
#102
BONITA SPRINGS, FL 34135

New Principal Place of Business:

3590 LANSING LOOP
#204
ESTERO, FL 33928

Current Mailing Address:

9550 CYPRESS HAMMOCK CIR.
#102
BONITA SPRINGS, FL 34135

New Mailing Address:

3590 LANSING LOOP
#204
ESTERO, FL 33928

FEI Number: 26-4304375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAIGH, COLETTE
9550 CYPRESS HAMMOCK CIR.
#102
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

SAIGH, COLETTE
3590 LANSING LOOP
#204
ESTERO, FL 33928 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:

01/24/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SAIGH, STEVEN M
Address: 14430 RICE DR.
City-St-Zip: STERLING HTS, MI 48313

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: COLETTE M SAIGH

PRES

01/24/2012

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