

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000154

FILED  
Aug 10, 2009  
Secretary of State

Entity Name: CROWN INSURANCE CONSULTING, L.C.

**Current Principal Place of Business:**

1101 BRICKELL AVE  
STE 206  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 468  
NORFOLK, CT 06058

**New Mailing Address:**

FEI Number: 65-0739804      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:**

BRAUN, GUSTAV P  
1110 BRICKELL AVE  
STE 206  
MIAMI, FL 33131 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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BRAUN, GUSTAV P  
Address: 360 NORTH ST  
City-St-Zip: NORFOLK, CT 06058

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: BRAUN, THERESE D  
Address: 360 NORTH ST  
City-St-Zip: NORFOLK, CT 06058

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Delete  
Name: BRAUN, GERARD P  
Address: 151 CRANDON BLVD, UNIT 525  
City-St-Zip: KEY BISCAZYNE, FL 33149

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GUSTAV P BRAUN

MGRM

08/10/2009

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