

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000000125

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** COLEMONT INSURANCE BROKERS OF ILLINOIS LLC

**Current Principal Place of Business:**

300 SOUTH WACKER DR #900  
CHICAGO, IL 60606

**New Principal Place of Business:**

**Current Mailing Address:**

5910 N CENTRAL EXPY  
STE 400  
DALLAS, TX 75206

**New Mailing Address:**

**FEI Number:** 20-0335185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: KATH, MARSHALL  
Address: 5910 N CENTRAL EXPRESSWAY STE 400  
City-St-Zip: DALLAS, TX 75206

Title: MGR  
Name: MATAMOROS, ROBERT  
Address: 5910 N CENTRAL EXPRESSWAY STE 400  
City-St-Zip: DALLAS, TX 75206

Title: MGR  
Name: BOSTICK, KRIS  
Address: 5910 N CENTRAL EXPRESSWAY STE 400  
City-St-Zip: DALLAS, TX 75206

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: KRIS BOSTICK

VP

03/09/2010

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