

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000293

FILED
Mar 24, 2009
Secretary of State

Entity Name: CYPRESS INSURANCE SERVICES, LLC

Current Principal Place of Business:

13901 SUTTON PARK DRIVE SOUTH STE. 310
JACKSONVILLE, FL 32224

New Principal Place of Business:

13901 SUTTON PARK DRIVE SOUTH
STE 310
JACKSONVILLE, FL 32224

Current Mailing Address:

13901 SUTTON PARK DRIVE SOUTH STE. 310
JACKSONVILLE, FL 32224

New Mailing Address:

13901 SUTTON PARK DRIVE SOUTH
STE 310
JACKSONVILLE, FL 32224

FEI Number: 59-3540759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARGER, GARY R
13901 SUTTON PARK DRIVE SOUTH STE. 310
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

HARGER, GARY R
13901 SUTTON PARK DRIVE SOUTH
STE 310
JACKSONVILLE, FL 32224 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:

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARGER, GARY R
Address: 13901 SUTTON PARK DRIVE SOUTH STE. 310
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM () Delete
Name: JUSTICE, CRAIG L
Address: 13901 SUTTON PARK DRIVE SOUTH STE. 310
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: MGRM () Delete
Name: LAWSON, GLENN S
Address: 13901 SUTTON PARK DRIVE SOUTH, STE 310
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SMITH, ROBERT J
Address: 13901 SUTTON PARK DRIVE SOUTH STE. 310
City-St-Zip: JACKSONVILLE, FL 32224 US

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: GLENN S. LAWSON

MGRM

03/24/2009

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