


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 11, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000005087					
1. Entity Name PROGRESSIVE RISK SOLUTIONS, L.L.C.					
Principal Place of Business 119 FROEBA DRIVE CARENCRO LA 70520			Mailing Address 119 FROEBA DRIVE CARENCRO LA 70520		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-5354415	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LABORDE, DAVE 1214 LORIE CIRCLE BRANDON FL 33510-3236				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, HERMAN		NAME		
STREET ADDRESS	7557 MAHALO HUI DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DIAMONDHEAD MS 39525		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABORDE, PHILLIP J		NAME		
STREET ADDRESS	416 SHELLY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAFAYETTE LA 70503		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASSIN, WILLIAM A		NAME		
STREET ADDRESS	119 FROEBA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	CARENCRO LA 70520		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **William A. Tassin** **9/14/2007 (337) 501-0078**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #