2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005087

1. Entity Name PROGRESSIVE RISK SOLUTIONS, L.L.C.



FILED Apr 21, 2008 08:00 Al Secretary of State

Principal Place of Business

119 FROEBA DRIVE CARENCRO, LA 70520 Mailing Address

119 FROEBA DRIVE CARENCRO, LA 70520



01172008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5354415 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LABORDE, DAVE 1214 LORIE CIRCLE BRANDON, FL 33510-3236

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating

DAT

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000911520 05/07/08-80043-016 143.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME SIREET ADDRESS CIFY-S1-ZIP TITLE NAME STREET ADDRESS	MGRM JOHNSON, HERMAN 7557 MAHALO HUI DRIVE DIAMONDHEAD, MS 39525 MGRM LABORDE, PHILLIP J 416 SHELLY DRIVE
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAFAYETTE, LA 70503 MGRM TASSIN, WILLIAM A 119 FROEBA DRIVE CARENCRO, LA 70520
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the ex

DO NOT WRITE IN THIS SPACE

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:

IGNATURE AND TWED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

in 1

18 (337)501-0079

Daytime Phone