

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005878

FILED
Apr 10, 2009
Secretary of State

Entity Name: CRC-STERLING WEST INSURANCE SERVICES, LLC

Current Principal Place of Business:

3605 GLENWOOD AVENUE
RALEIGH, NC 27612

New Principal Place of Business:

Current Mailing Address:

3605 GLENWOOD AVENUE
RALEIGH, NC 27612

New Mailing Address:

FEI Number: 20-2709229

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: MGRM () Delete
Name: REECE, WADE H MGRM
Address: 3605 GLENWOOD AVENUE
City-St-Zip: RALEIGH, NC 27612

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: REECE, H
Address: 3605 GLENWOOD AVENUE
City-St-Zip: RALEIGH, NC 27612

Title: MGR () Change (X) Addition
Name: REECE, H. WADE
Address: 3605 GLENWOOD AVENUE
City-St-Zip: RALEIGH, NC 27612

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: MANDELINE HENDRICKS

POA

04/10/2009

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