

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000490

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** PUBLIC RISK UNDERWRITERS INSURANCE SERVICES OF TEXAS, LLC

**Current Principal Place of Business:**

100 N.E. LOOP 410, SUITE 965  
SAN ANTONIO, TX 78216

**New Principal Place of Business:**

2301 GREENVILLE ROAD  
SUITE 230  
RICHARDSON, TX 75082

**Current Mailing Address:**

100 N.E. LOOP 410, SUITE 965  
SAN ANTONIO, TX 78216

**New Mailing Address:**

3101 W. DR. MARTIN LUTHER KING JR. BLVD.  
SUITE 400  
TAMPA, FL 33607

FEI Number: 26-1214991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PUBLIC RISK UNDERWRI, TERS, INC.  
Address: 3101 W. MLK JR. BLVD., STE. 400  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PUBLIC RISK UNDERWRI, TERS, INC.  
Address: 3101 W. DR. MARTIN LUTHER KING, SUITE 400  
City-St-Zip: TAMPA, FL 33607

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: LAUREL L. GRAMMIG

VS

04/01/2009

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