

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000166

Entity Name: AGENTINSURE, LLC

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

601 SILVERON BLVD SUITE 170  
FLOWER MOUND, TX 75028

**New Principal Place of Business:**

**Current Mailing Address:**

601 SILVERON BLVD SUITE 170  
FLOWER MOUND, TX 75028

**New Mailing Address:**

FEI Number: 26-3541658

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: MGR  
Name: RAO, NAG  
Address: 601 SILVERON BLVD SUITE 170  
City-St-Zip: FLOWER MOUND, TX 75028

Title: MGR  
Name: SPILLERS, DAMIEN  
Address: 601 SILVERON BLVD SUITE 170  
City-St-Zip: FLOWER MOUND, TX 75028

I hereby 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: RAO NAG

MGR

04/14/2010

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