

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004423

FILED
Jan 07, 2010
Secretary of State

Entity Name: PFS INSURANCE GROUP, LLC

Current Principal Place of Business:

4848 THOMPSON PARKWAY, SUITE 200
JOHNSTOWN, CO 80534

New Principal Place of Business:

4848 THOMPSON PARKWAY
SUITE 200
JOHNSTOWN, CO 80534

Current Mailing Address:

4848 THOMPSON PARKWAY, SUITE 200
JOHNSTOWN, CO 80534

New Mailing Address:

4848 THOMPSON PARKWAY
SUITE 200
JOHNSTOWN, CO 80534

FEI Number: 84-1583876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATCH, JOHN D ESQ.
1267 BERKSHIRE LANE, SUITE 200
TARPOON SPRINGS, FL 34688 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
Name: PINNACLE FINANCIAL SERVICES
Address: 1609 E. HARMONY ROAD
City-St-Zip: FORT COLLINS, CO 80525

Title: MGRM
Name: JARVIS, JASON T
Address: 2718 COAL BANK DRIVE
City-St-Zip: FORT COLLINS, CO 80525

Title: MGRM
Name: INGALLS, ROBERT A
Address: 5114 OLD POST ROAD
City-St-Zip: YUMA, CO 80759

Title: MGRM
Name: OSTHOFF, SHAWN J
Address: 3627 ROCKY STREAM DRIVE
City-St-Zip: FORT COLLINS, CO 80528

Title: MGRM
Name: JANSSEN, DAVID
Address: 309 PELICAN COVE
City-St-Zip: WINDSOR, CO 80550

Title: MGRM
Name: CENTENNIAL BENEFIT GROUP, INC.
Address: 4812 S. COLLEGE AVENUE
City-St-Zip: FORT COLLINS, CO 80525

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: DAVID JANSSEN

MGRM

01/07/2010

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