

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004423

FILED  
Feb 09, 2012  
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:**

**Current Mailing Address:**

4848 THOMPSON PARKWAY  
SUITE 200  
JOHNSTOWN, CO 80534

**New Mailing Address:**

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  
TARPON 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: SEMMENS, CHRIS J  
Address: 4300 WELLINGTO  
City-St-Zip: FORT COLLINS, CO 80526

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

Title: MGRM  
Name: JANSSEN, DAVID M  
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

02/09/2012

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