

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011970

Entity Name: CONNECTSURE LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

30838 PRESTWICK AVENUE
MT. PLYMOUTH, FL 32776

New Principal Place of Business:

21835 WOLF BRANCH ROAD
MT. DORA, FL 32757

Current Mailing Address:

30838 PRESTWICK AVENUE
MT. PLYMOUTH, FL 32776

New Mailing Address:

21835 WOLF BRANCH RD.
MT. DORA, FL 32757

FEI Number: 20-0639250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRANCH, GREGORY L
30838 PRESTWICK AVENUE
MT. PLYMOUTH, FL 32776 US

Name and Address of New Registered Agent:

BRANCH, GREGORY L
21835 WOLF BRANCH ROAD
MT. DORA, FL 32757 US

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: GREGORY L. BRANCH

04/19/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BRANCH, GREGORY L
Address: 30838 PRESTWICK AVENUE
City-St-Zip: MT. PLYMOUTH, FL 32776

Title: MGRM (X) Delete
Name: BRANCH, STACY
Address: 30838 PRESTWICK AVENUE
City-St-Zip: MT. PLYMOUTH, FL 32776

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRANCH, GREGORY L
Address: 21835 WOLF BRANCH RD.
City-St-Zip: MT. DORA, FL 32757

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GREGORY L. BRANCH

MGR

04/19/2005

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