

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004072

**Entity Name:** CRES INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

15010 AVENUE OF SCIENCE  
SUITE 100  
SAN DIEGO, CA 92128

**Current Mailing Address:**

15010 AVENUE OF SCIENCE  
SUITE 100  
SAN DIEGO, CA 92128 US

**FEI Number:** 33-0952901

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ALLISON, JAMES N  
Address 15010 AVENUE OF SCIENCE  
SUITE 100  
City-State-Zip: SAN DIEGO CA 92128

Title MGR  
Name CAMPBELL, DOUGLAS A  
Address 15010 AVENUE OF SCIENCE  
SUITE 100  
City-State-Zip: SAN DIEGO CA 92128

Title MGR  
Name TURNER, MARK PETER  
Address 15010 AVENUE OF SCIENCE  
SUITE 100  
City-State-Zip: SAN DIEGO CA 92128

Title MGR  
Name SARGENTI, STEVEN B  
Address 15010 AVENUE OF SCIENCE  
SUITE 100  
City-State-Zip: SAN DIEGO CA 92128

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN B. SARGENTI

**CHIEF EXECUTIVE  
OFFICER**

**04/16/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date