

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004072

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

**Current Principal Place of Business:**

12396 WORLD TRADE DR.  
SUITE 303  
SAN DIEGO, CA 92128

**Current Mailing Address:**

PO BOX 500810  
SAN DIEGO, CA 92150 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 12396 WORLD TRADE DR.  
SUITE 303  
City-State-Zip: SAN DIEGO CA 92128

Title MGR  
Name CAMPBELL, DOUGLAS A  
Address 12396 WORLD TRADE DR.  
SUITE 303  
City-State-Zip: SAN DIEGO CA 92128

Title MGR  
Name TURNER, MARK PETER  
Address 12396 WORLD TRADE DR.  
SUITE 303  
City-State-Zip: SAN DIEGO CA 92128

Title MGR, CEO, PRESIDENT  
Name SARGENTI, STEVEN B  
Address 12396 WORLD TRADE DR.  
SUITE 303  
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**

**PRESIDENT**

**01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date