

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007423

**FILED**  
**Jan 18, 2007**  
**Secretary of State**

**Entity Name:** GLOBAL INSURANCE SERVICES OF BROWARD, LLC

**Current Principal Place of Business:**

21301 POWERLINE ROAD, SUITE 211  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

21301 POWERLINE ROAD, SUITE 211  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

MCCURRY, WILLIAM P  
21301 POWERLINE ROAD, SUITE 204  
BOCA RATON, FL 33433    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    ( ) Delete  
Name:            GLOBAL INSURANCE SER, VICES, INC.  
Address:        21301 POWERLINE ROAD, SUITE 204  
City-St-Zip:    BOCA RATON, FL 33433

**ADDITIONS/CHANGES:**

Title:            MGRM    (X) Change ( ) Addition  
Name:            GLOBAL INSURANCE SER, VICES, INC.  
Address:        21301 POWERLINE ROAD, SUITE 211  
City-St-Zip:    BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PENNY DEZALDO

MRS.

01/18/2007

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