

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014240

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE DISTRIBUTION CONSULTING, LLC

**Current Principal Place of Business:**

2903 CRESTWOOD TERRACE  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49112  
CHARLOTTE, NC 28277

**New Mailing Address:**

FEI Number: 36-4532238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JONES, MICHAEL  
2903 CRESTWOOD TERRACE  
MARGATE, FL 33063 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: MGR  
Name: JONES, MICHAEL  
Address: 2903 CRESTWOOD TERRACE  
City-St-Zip: MARGATE, FL 33063

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: MICHAEL JONES

MGR

04/13/2011

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