

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081903

FILED
Jan 19, 2008
Secretary of State

Entity Name: JIREH & ASSOCIATES INSURANCE SERVICES, LLC

Current Principal Place of Business:

5370 PALM AVENUE
SUITE 10
HIALEAH, FL 33012

New Principal Place of Business:

13762 WEST STATE ROAD 84
SUITE 422
DAVIE, FL 33325

Current Mailing Address:

5370 PALM AVENUE
SUITE 10
HIALEAH, FL 33012

New Mailing Address:

13762 WEST STATE ROAD 84
SUITE 422
DAVIE, FL 33325

FEI Number: 30-0375447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ANA
5370 PALM AVENUE
10
HIALEAH, FL 33012 US

Name and Address of New Registered Agent:

FERNANDEZ, ANA
13762 WEST STATE ROAD 84
422
DAVIE, FL 33325 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: _____

01/19/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERNANDEZ, ANA
Address: 5370 PALM AVENUE, SUITE 10
City-St-Zip: HIALEAH, FL 33012

Title: MGR (X) Delete
Name: LOPEZ, OREISI
Address: 5370 PALM AVENUE, SUITE 10
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FERNANDEZ, ANA
Address: 13762 WEST STATE ROAD 84, SUITE 422
City-St-Zip: DAVIE, FL 33325

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

I hereby certify that the information supplied with this filing does not qualify 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: ANA R. FERNANDEZ

PRES

01/19/2008

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