

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# L08000091023

Entity Name: SAFEGUARD INSURANCE SOLUTIONS,LLC

Current Principal Place of Business:

4795 NW 76TH ST
COCONUT CREEK, FL 33073

New Principal Place of Business:

1901 S. CONGRESS AVE
118
BOYNTON BEACH, FL 33426

Current Mailing Address:

POB 970010
COCONUT CREEK, FL 33097

New Mailing Address:

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

Name and Address of Current Registered Agent:

MS FINANCIAL INC
4795 NW 76TH ST
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

MS FINANCIAL
4795 NW 76 ST
COCONUT CREEK, FL 33073 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: DON ARONOWITZ 03/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:
Title: MGRM () Delete
Name: MS FINANCIAL INC.,
Address: POB 970010
City-St-Zip: COCONUT CREEK, FL 33097

ADDITIONS/CHANGES:
Title: MGRM (X) Change () Addition
Name: SAFEGUARD INSURANCE, SOLUTIONS LLC
Address: POB 970010
City-St-Zip: COCONUT CREEK, FL 33097

Title: MGR () Delete
Name: ARONOWITZ, DON
Address: 4795 NW 76TH ST
City-St-Zip: COCONUT CREEK, FL 33073

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: DON ARONOWITZ MGR 03/16/2009

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