

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070197

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** DPI INSURANCE SERVICES LLC

**Current Principal Place of Business:**

10312 BLOOMINGDALE AVE  
STE 108-190  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

**Current Mailing Address:**

10312 BLOOMINGDALE AVE  
STE 108-190  
RIVERVIEW, FL 33578

**New Mailing Address:**

**FEI Number:** 27-0926779      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

POL, DANIEL I  
1006 MILANO CIRCLE 103  
BRANDON, FL 33511    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  
**Name:** POL, DANIEL I  
**Address:** 1006 MILANO CIR. 103  
**City-St-Zip:** BRANDON, FL 33511

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: DANIEL POL      MGRM      02/17/2010

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