

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080088

**FILED  
Feb 17, 2011  
Secretary of State**

**Entity Name:** INSURANCE ONE USA LLC.

**Current Principal Place of Business:**

4112 US HWY 19  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

4112 US HWY 19  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

FEI Number: 27-0753032      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ANTONIK, SYLWIA  
4112 US HWY 19  
NEW PORT RICHEY, FL 34652      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: SYLWIA, ANTONIK  
Address: 4112 US HWY19  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: SYLWIA ANTONIK      MGR      02/17/2011

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