

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001965

**FILED**  
**Mar 20, 2008**  
**Secretary of State**

**Entity Name:** HBW INSURANCE SERVICES, L.L.C.

**Current Principal Place of Business:**

4501 CIRCLE 75 PARKWAY N.W.  
SUITE F-6200  
ATLANTA, GA 30339

**New Principal Place of Business:**

**Current Mailing Address:**

10375 E HARVARD AVE  
SUITE 100  
DENVER, CO 80231 US

**New Mailing Address:**

**FEI Number:** 58-2463847      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
Name: HARRELL, BRUCE E  
Address: 4501 CIRCLE 75 PARKWAY N.W. STE. F-6200  
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HBW SERVICES, LLC,  
Address: 10375 E HARVARD AVE, SUITE 100  
City-St-Zip: DENVER, CO 80231

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: BRUCE E HARRELL

PRES

03/20/2008

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