

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005165

FILED  
Jun 24, 2009  
Secretary of State

Entity Name: MODERN INSURANCE CONSULTANTS LLC

**Current Principal Place of Business:**

4001 MILLER RD  
WILMINGTON, DE 19802

**New Principal Place of Business:**

1348 OLD DIXIE HWY  
HOMESTEAD, FL 33030

**Current Mailing Address:**

4001 MILLER RD  
WILMINGTON, DE 19802

**New Mailing Address:**

FEI Number: 26-3435758      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NRI SERVICES INC  
2731 EXECUTIVE PARK DRIVE STE 4  
WESTON, FL 33331      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 ( ) Delete  
Name: CLARK, GLENN W  
Address: 4001 MILLER RD  
City-St-Zip: WILMINGTON, DE 19802

Title: MGRM ( ) Delete  
Name: LANN, MARK S  
Address: 1348 OLD DIXIE HWY  
City-St-Zip: HOMESTEAD, FL 33030

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: HUVER, FRANCIS J MGR  
Address: 4001 MILLER ROAD  
City-St-Zip: WILMINGTON, DE 19802

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: FRANCIS J HUVER

MGR

06/24/2009

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