

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031427

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: 1 STOP INSURANCE SERVICES, LLC.

**Current Principal Place of Business:**

14827 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

14827 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**New Mailing Address:**

FEI Number: 20-4593472      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DYKSTRA, DONALD  
9905 COLONNADE DRIVE  
TAMPA, FL 33647 US

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

DYKSTRA, DONALD  
14827 N FLORIDA AVE  
TAMPA, FL 33613 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: DONALD J DYKSTRA

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DYKSTRA, DONALD  
Address: 9905 COLONNADE DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: DYKSTRA, NORMA  
Address: 9905 COLONNADE DRIVE  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DYKSTRA, DONALD  
Address: 14827 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM (X) Change ( ) Addition  
Name: DYKSTRA, NORMA  
Address: 14827 N FLORIDA AVE  
City-St-Zip: TAMPA, FL 33613 US

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: DONALD J DYKSTRA

OWN

03/24/2009

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