2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031427

Entity Name: 1 STOP INSURANCE SERVICES, LLC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14827 N. FLORIDA AVE. TAMPA, FL 33613 US

Current Mailing Address: New Mailing Address:

14827 N. FLORIDA AVE. TAMPA, FL 33613 US

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

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

DYKSTRA, DONALD
9905 COLONNADE DRIVE
TAMPA, FL 33647 US
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: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 DYKSTRA, DONALD
 Name:
 DYKSTRA, DONALD

 Address:
 9905 COLONNADE DRIVE
 Address:
 14827 N FLORIDA AVE

 City-St-Zip:
 TAMPA, FL 33647 US
 City-St-Zip:
 TAMPA, FL 33613 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:DYKSTRA, NORMAName:DYKSTRA, NORMAAddress:9905 COLONNADE DRIVEAddress:14827 N FLORIDA AVECity-St-Zip:TAMPA, FL 33647 USCity-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