

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000539

FILED
Apr 09, 2012
Secretary of State

Entity Name: INSUREONE INDEPENDENT INSURANCE AGENCY, LLC

Current Principal Place of Business:

150 HARVESTER DRIVE
300
BURR RIDGE, IL 60527

New Principal Place of Business:

Current Mailing Address:

150 HARVESTER DRIVE
300
BURR RIDGE, IL 60527

New Mailing Address:

FEI Number: 36-4485332

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
Name: FISHER, JOSEPH G
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR
Name: MCCLURE, MICHAEL J
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

Title: MGR
Name: BONDI, ROBERT A
Address: 150 HARVESTER DRIVE, SUITE 300
City-St-Zip: BURR RIDGE, IL 60527

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: JOSEPH G. FISHER

MGR

04/09/2012

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