

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014240

Entity Name: INSURANCE DISTRIBUTION CONSULTING, LLC

Current Principal Place of Business:

2903 CRESTWOOD TERRACE
MARGATE, FL 33063

Current Mailing Address:

P.O. BOX 49112
CHARLOTTE, NC 28277

FEI Number: 36-4532238

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, MICHAEL
2903 CRESTWOOD TERRACE
MARGATE, FL 33063 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name JONES, MICHAEL
Address 2903 CRESTWOOD TERRACE
City-State-Zip: MARGATE FL 33063

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL JONES

MANAGER

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date