# F11000003015

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		•
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 6, 2011

EDWARD B. ROSENBAUM INSURANCE SERVICES, 200 BISCAYNE BLVD. WAY PH 4808 MIAMI, FL 33131

SUBJECT: EDWARD B. ROSENBAUM INSURANCE SERVICES, INC.

Ref. Number: F11000003015

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FORMS SUBMITTED ARE FOR A FLORIDA CORPORATION. THE CORRECT FORM IS AN AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICERS AND/OR DIRECTORS.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell Regulatory Specialist II

Letter Number: 411A00027252

ECENED AN 10 PM 8: 08

#### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: EDWARD B ROSENBAL	IM INSURANCE SERVICES, INC.	
_ N	Name of Corporation	
DOCUMENT NUMBER: F 11 C	30000 3015	
The enclosed Affidavit by Foreign Corporation submitted for filing.	on to Change/Add Officer(s) and/or Director(s) and fee are	
Please return all correspondence concerning the	_	
EDWARD B. ROSENBAUM Name of Contact Person		
EDWARD B ROSENBALM INSURAN	ce Servicer Lanc	
Firm/Company	-	
EDWARD B ROSENBALM INSURANCE Firm/Company 200 BISCAYNE BLID WA	7 PH 4808	
Address		
MiAmi FC 33131		
City/State and Zip Code		
EDWARD ROSENBAUM @ M.	[ .	
· · · · · · · · · · · · · · · · · · ·		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter	, please call:	
Z D	761 1152 1163	
Name of Contact Person	Atto Code & Douting Talanhara Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a check made payable to the Florid	da Department of State for the following amount:	
\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)  \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

CR2E127 (10/11)



### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

1.		s on the records of the Florida Department of State is:  INSURANCE SERVICES, INC.	
2.		n Florida on 7-25-11 and its Florida document	
3.	This corporation was formed under the laws of _	PELAWARE	
	the name and address of each officer and/or director is as follows:		
<u>T</u>	<u>'itle:</u>	Name and Address	
	ESIDEM_	EDWARD B. ROVENBAUM	
		200 BISCAYNE BLUD WAY PH 4808	
		MIAMI, PC 33131	
V	-P ·	JUNE GLICKMAN	
<u>-</u>		200 BISCAYNE BLUP WAY PH 4808	
		MiAmi PL 33/3/	
-	<del></del>		
_			
10	(Attach additional p	ages if necessary)	
(1)		President	
Signatu	pe of an officer or director	Title of person signing	
EDWARD	r printed name of person signing Make chec	FILING FEE \$35	
• •	r printed name of person signing Make chec Division	FILING FEE \$35  ks payable to Florida Department of State and Mail to: of Corporations PO Box 6327 Tallahassee, FL 32314	

CR2E127 (10/11)