

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90055 024 ****50.00

DOCUMENT # L00000008080

1. Entity Name
INSURANCE SOLUTIONS OF FLORIDA, LLC

Principal Place of Business
**195 RIVER WALK DRIVE
 MELBOURNE BEACH FL 32951**

Mailing Address
**195 RIVER WALK DRIVE
 MELBOURNE BEACH FL 32951**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2323 VALKARIA ROAD

3. Mailing Address

2323 VALKARIA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MALABAR, FL

City & State

MALABAR, FL

4. FEI Number

59-3658758

Applied For

Not Applicable

Zip

Country

32950 USA

Zip

Country

32950 USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HORN, ALAN
 195 RIVER WALK DRIVE
 MELBOURNE BEACH FL 32951**

Name

Street Address (P.O. Box Number is Not Acceptable)

2323 VALKARIA ROAD

City

MALABAR FL

Zip Code

32950

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09/12/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
 NAME **HORN, ALAN R**
 STREET ADDRESS **195 RIVER WALK DRIVE**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2323 VALKARIA ROAD**
 CITY-ST-ZIP **MALABAR - FL - 32950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/12/02 321-676-9161

Date

Daytime Phone #

CR2E083 (4/02)