

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008080

FILED  
Jun 13, 2004  
Secretary of State

**Entity Name:** INSURANCE SOLUTIONS OF FLORIDA, LLC

**Current Principal Place of Business:**

2323 VALKARIA ROAD  
MALABAR, FL 32950 US

**New Principal Place of Business:**

**Current Mailing Address:**

2323 VALKARIA ROAD  
MALABAR, FL 32950 US

**New Mailing Address:**

**FEI Number:** 59-3658758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HORN, ALAN  
2323 VALKARIA ROAD  
MALABAR, FL 32950 US

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

HORN, ALAN R  
2323 VALKARIA ROAD  
MALABAR, FL 32950 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: ALAN R. HORN

06/13/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: HORN, ALAN R  
Address: 2323 VALKARIA ROAD  
City-St-Zip: MALABAR, FL 32950

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HORN, ALAN R  
Address: 2323 VALKARIA ROAD  
City-St-Zip: MALABAR, FL 32950

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALAN R. HORN

MGR

06/13/2004

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