

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90368 022 ****50.00

DOCUMENT # L00000008080

1. Entity Name
INSURANCE SOLUTIONS OF FLORIDA, LLC



Principal Place of Business
2323 VALKARIA ROAD
MALABAR, FL 32950 US

Mailing Address
2323 VALKARIA ROAD
MALABAR, FL 32950 US

20047419



2. Principal Place of Business
607 HIBISCUS TRAIL
Suite, Apt. #, etc.

3. Mailing Address
607 HIBISCUS TRAIL
Suite, Apt. #, etc.

06082006 Chg-LLC CR2E083 (11/05)

City & State
Melbourne beach FL
Zip 32951 Country USA

City & State
Melbourne beach FL
Zip 32951 Country USA

4. FEI Number
59-3658758
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HORN, ALAN R
2323 VALKARIA ROAD
MALABAR, FL 32950

7. Name and Address of New Registered Agent

Name
Russell W. CAMP
Street Address (P.O. Box Number is Not Acceptable)
607 HIBISCUS TRAIL
City Melbourne beach FL Zip Code 32951

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

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HORN, ALAN R
STREET ADDRESS 2323 VALKARIA ROAD
CITY-ST-ZIP MALABAR, FL 32950 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGR / MEMBER
NAME CAMP, RUSSELL W.
STREET ADDRESS 607 HIBISCUS TRAIL
CITY-ST-ZIP MELBOURNE BEACH FL 32951 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

6/13/06 386-690-5096

Date

Daytime Phone #