2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #. L00000012763 1. Entity Name

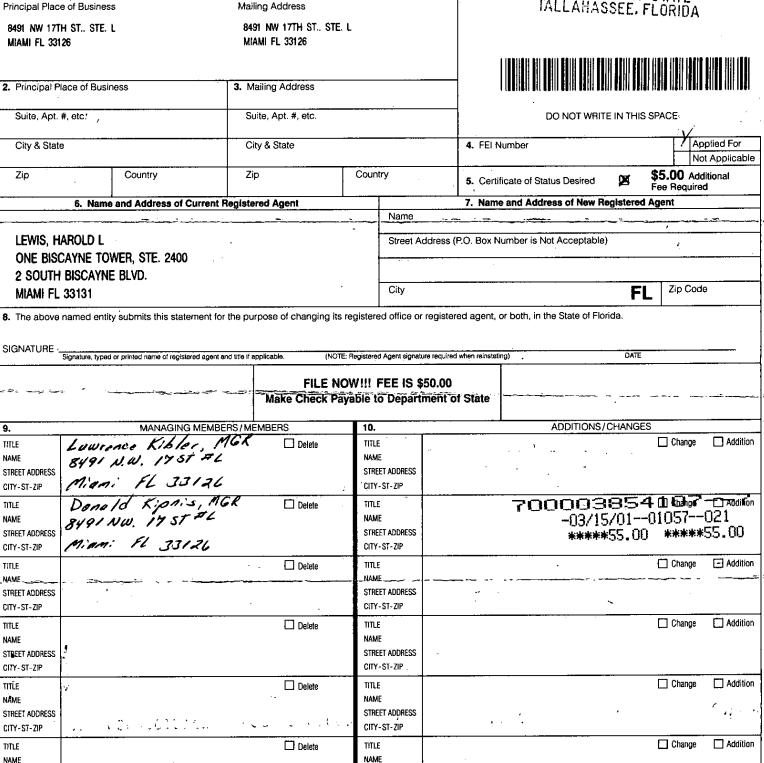
INSURANCE MITIGATION, LLC

Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



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 accordate 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 trystee empewered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver or tru

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PED OR PRIVIEW NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE