

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000012763 1. Entity Name INSURANCE MITIGATION, LLC	
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07122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1055242	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
ONE BISCAYNE TOWER, STE. 2400
2 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KIBLER, LAWRENCE
STREET ADDRESS	8491 NW 17TH ST., #L
CITY - ST - ZIP	MIAMI, FL 33126

TITLE	MGR
NAME	KIPNIS, DONALD
STREET ADDRESS	8491 NW 17TH ST., #L
CITY - ST - ZIP	MIAMI, FL 33126

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
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CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____