2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000582

FILED Aug 05, 2009 Secretary of State

Entity Name: INDEPENDENT BANKERS' BANK OUTSOURCING SERVICES OF FLORIDA, LLC

Current Principal Place of Business: New Principal Place of Business:

615 CRESCENT EXECUTIVE COURT, SUITE 400 LAKE MARY, FL 327462109

Current Mailing Address: New Mailing Address:

615 CRESCENT EXECUTIVE COURT, SUITE 400 LAKE MARY, FL 327462109

FEI Number: 75-3033542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HALL, BART B 615 CRESCENT EXECUTIVE COURT, SUITE 400 LAKE MARY, FL 327462109 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition Name: HALL, BART B Name:

 Address:
 615 CRESCENT EXECUTIVE CT., STE 400
 Address:

 City-St-Zip:
 LAKE MARY, FL 32746
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: MCGUIRE, JAMES B Name: NITTING, FRED

Address: 341 NEW ALBANY RD STE 100 Address: 341 NEW ALBANY RD STE 100 City-St-Zip: MOORESTOWN, NJ 08057 City-St-Zip: MOORESTOWN, NJ 08057

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: BART HALL MGRM 08/05/2009