

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003569

**FILED**  
**Apr 15, 2004**  
**Secretary of State**

**Entity Name:** INSURANCE INFORMATION SERVICE, LLC

**Current Principal Place of Business:**

318 INDIAN TRACE  
144  
WESTON, FL 33326 US

**New Principal Place of Business:**

**Current Mailing Address:**

318 INDIAN TRACE  
144  
WESTON, FL 33326 US

**New Mailing Address:**

**FEI Number:** 20-0449383

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE OJEDA, JOB  
277 BRIDGETON WAY  
WESTON, FL 33326 US

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

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/MEMBERS:**

Title: MGR ( ) Delete  
Name: DE OJEDA, JOB  
Address: 277 BRIDGETON WAY  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DE OJEDA, JOB  
Address: 318 INDIAN TRACE #144  
City-St-Zip: WESTON, FL 33326

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: JOB DE OJEDA

MGRM

04/15/2004

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