

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003569

FILED
Mar 21, 2011
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:

304 INDIAN TRACE
144
WESTON, FL 33326 US

Current Mailing Address:

318 INDIAN TRACE
144
WESTON, FL 33326 US

New Mailing Address:

304 INDIAN TRACE
144
WESTON, FL 33326 US

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
318 INDIAN TRACE
144
WESTON, FL 33326 US

Name and Address of New Registered Agent:

DE OJEDA, JOB
304 INDIAN TRACE
144
WESTON, FL 33326 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:

03/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DE OJEDA, JOB
Address: 304 INDIAN TRACE #144
City-St-Zip: WESTON, FL 33326

Title: MGRM
Name: DE OJEDA, MICHELLE E
Address: 304 INDIAN TRACE #144
City-St-Zip: WESTON, FL 33326

I hereby 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

03/21/2011

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