

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000003569

FILED
Aug 06, 2003
Secretary of State

Entity Name: INSURANCE INFORMATION SERVICE, LLC

Current Principal Place of Business:

5840 TOWN BAY DR.
2-13
BOCA RATON, FL 33486 US

Current Mailing Address:

5840 TOWN BAY DR.
2-13
BOCA RATON, FL 33486 US

New Principal Place of Business:

318 INDIAN TRACE
144
WESTON, FL 33326 US

New Mailing Address:

318 INDIAN TRACE
144
WESTON, FL 33326 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DE OJEDA, JOB
5840 TOWN BAY DR.
2-13
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

DE OJEDA, JOB
277 BRIDGETON WAY
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:

08/06/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: DE OJEDA, JOB
Address: 277 BRIDGETON WAY
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

CEO

08/06/2003

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