

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000921

FILED
Apr 27, 2011
Secretary of State

Entity Name: STEPHENS INSURANCE SERVICES, LLC

Current Principal Place of Business:

5835 MEMORIAL HWY
SUITE 16
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

5835 MEMORIAL HWY
SUITE 16
TAMPA, FL 33615

New Mailing Address:

FEI Number: 02-0667818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENS, MICHAEL J
5835 MEMORIAL HIGHWAY #16
TAMPA, FL 33615 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/MANAGERS:

Title: MGRM
Name: STEPHENS, MICHAEL
Address: 5835 MEMORIAL HIGHWAY #16
City-St-Zip: TAMPA, FL 33615

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: MICHAEL JEROME STEPHENS

MGRM

04/27/2011

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