

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L03000029929

FILED
May 07, 2008
Secretary of State

Entity Name: G-FORCE INSURANCE SERVICES LLC

Current Principal Place of Business:

4237 SALISBURY ROAD
SUITE 100 BUILDING 1
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4237 SALISBURY ROAD
SUITE 100 BUILDING 1
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 42-1602555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWEN, GEORGE
100 1ST AVENUE S. STE 500
ST. PETERSBURG, FL 33701 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 () Delete
Name: CROPPER, M. STEVEN
Address: 4237 SALISBURY ROAD STE 100 BLDG 1
City-St-Zip: JACKSONVILLE, FL 32216

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGMR () Change (X) Addition
Name: EDWARDS, MARC
Address: 4237 SALISBURY ROAD SUITE 100 BLDG 1
City-St-Zip: JACKSONVILLE, FL 32216

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: M. STEVEN CROPPER

MGMR

05/07/2008

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