

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041858

FILED
Apr 27, 2008
Secretary of State

Entity Name: FITNSURANCE PROTOCOL MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

1820 N.E. 2ND STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 5398
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 14-1897534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIRMANS, JAMES R
1820 N.E. 2ND STREET
GAINESVILLE, FL 32601 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: MGR () Delete
Name: SIRMANS, JAMES R
Address: 1820 N.E. 2ND STREET
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES:

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

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: JAMES R. SIRMANS, JR.

MGR

04/27/2008

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