2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023288

Entity Name: POLIVCHAK & SELF INSURANCE SERVICES, LLC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3932 SWIFT ROAD, STE. A 4213 BEE RIDGE RD SARASOTA, FL 34231 SARASOTA, FL 34233

Current Mailing Address: New Mailing Address:

3932 SWIFT ROAD, STE. A 4213 BEE RIDGE RD SARASOTA, FL 34231 SARASOTA, FL 34233

FEI Number: 20-0918926 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SECURE BUSINESS SOLUTIONS, LLP 4301 32ND STREET WEST, STE. D3 BRADENTON, FL 34205 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:

Electronic Signature of Registered Agent Date

Electronic eightitude of registered rigent

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POLIVCHAK, MIKE
Address: 3932 SWIFT ROAD, STE. A

City-St-Zip: SARASOTA, FL 34231

Title: MGRM () Delete

Name: SELF, SAM

Address: 3932 SWIFT ROAD, STE. A City-St-Zip: SARASOTA, FL 34231 Title: MGRM (X) Change () Addition

Name: POLIVCHAK, MIKE
Address: 4213 BEE RIDGE RD
City-St-Zip: SARASOTA, FL 34233

Title: MGRM (X) Change () Addition

Name: SELF, SAM

Address: 4213 BEE RIDGE RD City-St-Zip: SARASOTA, FL 34233

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: MIKE POLIVCHAK MGRM 04/22/2009