## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000085106

City-St-Zip:

SEMINOLE, FL 33772

Entity Name: INSURANCE MARKET PLACE, LLC

FILED May 02, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
2801 SW (	COLLEGE ROAD		
OCALA, F	L 34474		
Current N	lailing Address:	New Mailing Address:	
SUITE 201	TH STREET NORTH I E, FL 33772		
FEI Number: 20-1942249 FEI Number Applied For ( ) FE In accordance with s. 607.193(2)(b), F.S., the limited liability company		El Number Not Applicable ( / did not receive the prior n	
Name and	l Address of Current Registered Agent:	Name and Addre	ss of New Registered Agent:
SUITE 201	TH STREET NORTH		
	e named entity submits this statement for the purpo e of Florida.	ose of changing its regis	tered office or registered agent, or both
SIGNATUI	RE:		
	Electronic Signature of Registered Agent		Date
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete SCARR, INC., A FLORI, DA CORPORATION 8200 113TH STREET NORTH, SUITE 202 SEMINOLE, FL 33772	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	MGRM () Delete HARTSELLE, INC., A F, LORIDA CORPORA T ION 8200 113TH STREET NORTH. SUITE 201	Title: Name: Address:	( ) Change ( ) Addition

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: ART HARTSELLE MGRM 05/02/2008