

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085106

FILED
Mar 31, 2009
Secretary of State

Entity Name: INSURANCE MARKET PLACE, LLC

Current Principal Place of Business:

2801 SW COLLEGE ROAD
#12
OCALA, FL 34474

New Principal Place of Business:

8200 113TH STREET NORTH
SUITE 201
SEMINOLE, FL 33772

Current Mailing Address:

8200 113TH STREET NORTH
SUITE 201
SEMINOLE, FL 33772

New Mailing Address:

8200 113TH STREET NORTH
SEMINOLE, FL 33772

FEI Number: 20-1942249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTSELLE, ART
8200 113TH STREET NORTH
SUITE 201
SEMINOLE, FL FL 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: SCARR, INC., A FLORIDA CORPORATION
Address: 8200 113TH STREET NORTH, SUITE 202
City-St-Zip: SEMINOLE, FL 33772

Title: MGRM () Delete
Name: HARTSELLE, INC., A FLORIDA CORPORATION
Address: 8200 113TH STREET NORTH, SUITE 201
City-St-Zip: SEMINOLE, FL 33772

ADDITIONS/CHANGES:

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

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: TONI SCARR

MGRM

03/31/2009

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