

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085952

Entity Name: INSURANCE SOLUTIONS, LLC

FILED
Jan 31, 2006
Secretary of State

Current Principal Place of Business:

11555 CENTRAL PARKWAY
SUITE 703
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

11555 CENTRAL PARKWAY
SUITE 703
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-2064996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASBURY, THOMAS F
707 PENINSULAR PLACE
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

ASBURY, THOMAS F
4720 SALISBURY ROAD
SUITE 122
JACKSONVILLE, FL 32256 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:

01/31/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STANLEY, DAVID D
Address: 11555 CENTRAL PARKWAY SUITE 703
City-St-Zip: JACKSONVILLE, FL 32224

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 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: DAVID D. STANLEY

MGR

01/31/2006

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