

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057869

FILED
Jul 05, 2006
Secretary of State

Entity Name: VICTORY INSURANCE SERVICES, LLC

Current Principal Place of Business:

10069 COVE LAKE DRIVE
ORLANDO, FL 32836

New Principal Place of Business:

6996 PIAZZA GRANDE AVE
SUITE 309
ORLANDO, FL 32835

Current Mailing Address:

10069 COVE LAKE DRIVE
ORLANDO, FL 32836

New Mailing Address:

6996 PIAZZA GRANDE AVE
SUITE 309
ORLANDO, FL 32835

FEI Number: 04-3817351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CASTELLANOS, VICTOR E
10069 COVE LAKE DRIVE
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

CASTELLANOS, VICTOR E
6996 PIAZZA GRANDE AVE
SUITE 309
ORLANDO, FL 32835 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: VICTOR E. CASTELLANOS

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CASTELLANOS, VICTOR E
Address: 10069 COVE LAKE DRIVE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CASTELLANOS, VICTOR E
Address: 6996 PIAZZA GRANDE AVE SUITE 309
City-St-Zip: ORLANDO, FL 32835

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: VICTOR E. CASTELLANOS

MGRM

07/05/2006

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