


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

02-15-2006 90131 027 ***150.00

DOCUMENT # L05000078520			
1. Entity Name LIFE INSURANCE SOLUTIONS, LLC			
Principal Place of Business 818 N. HIGHWAY A1A SUITE 205 PONTE VEDRA BEACH, FL 32082		Mailing Address 818 N. HIGHWAY A1A SUITE 205 PONTE VEDRA BEACH, FL 32082	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent LUDWICK, H. JAMES 818 N. HIGHWAY A1A SUITE 205 PONTE VEDRA BEACH, FL 32082		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>David Fastenberg</i> Signature, typed or printed name of registered agent and title if applicable		DAVID FASTENBERG (NOTE: Registered Agent signature required when reappointing)	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT DAVID FASTENBERG 818 N HIGHWAY A1A STE 205 PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.			
SIGNATURE: <i>David Fastenberg</i> Signature, typed or printed name of person named as managing member, receiver, manager, or authorized representative		X 2/17/06 X 904-373-9990 Date Deletion Date	

30003378



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3281763

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

FL

3/21/06

3/21/06 (904)273-9990



ATTACHMENT
30003378

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

LIFE PREMIUM REDUCTION SPECIALISTS, LLC
818 N. HIGHWAY A1A SUITE 205
PONTE VEDRA BEACH, FL 32082

Subject: LIFE INSURANCE SOLUTIONS, LLC

Reference Number: L05000078520

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

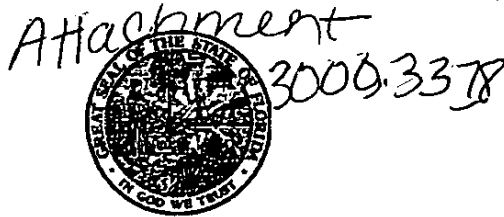
List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

LIFE PREMIUM REDUCTION SPECIALISTS, LLC
818 N. HIGHWAY A1A SUITE 205
PONTE VEDRA BEACH, FL 32082

Subject: LIFE INSURANCE SOLUTIONS, LLC

Reference Number: L05000078520

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION

Please see
attached.
Thanks.

P.O. BOX 6478 - Tallahassee, Florida 32314