2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State
02-12-2008 90066 031 ***138.75

DOCUMENT # L05000078520

1. Entity Name
LIFE INSURANCE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
818 N. HIGHWAY A1A SUITE 205 PONTE VEDRA BEACH, FL 32082	818 N. HIGHWAY A1A SUITE 205 PONTE VEDRA BEACH, FL 32082

01082008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3281763
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUDWICK, H. JAMES
818 N. HIGHWAY A1A SUITE 205
PONTE VEDRA BEACH, FL 32082

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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: [signature] (DAVID FASTENBERG) PRESIDENT 3/6/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FASTENBERG, DAVID
STREET ADDRESS	818 NORTH HIGHWAY A1A SUITE 205
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	D
NAME	LUDWICK, JODI
STREET ADDRESS	818 NORTH HIGHWAY A1A SUITE 205
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 608, Florida Statutes.

SIGNATURE: [signature] 3/6/08 (904) 296-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #