

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078520

Entity Name: LIFE INSURANCE SOLUTIONS, LLC

FILED
Jan 05, 2010
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

7791 BELFORT PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

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

New Mailing Address:

7791 BELFORT PARKWAY
JACKSONVILLE, FL 32256

FEI Number: 20-3281763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDWICK, H. JAMES
818 N. HIGHWAY A1A SUITE 205
PONTE VEDRA BEACH, FL 32082 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: P
Name: FASTENBERG, DAVID
Address: 818 NORTH HIGHWAY A1A SUITE 205
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: LUDWICK, JODI
Address: 818 NORTH HIGHWAY A1A SUITE 205
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby 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 FASTENBERG

P

01/05/2010

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