

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000078520

**Entity Name:** LIFE INSURANCE SOLUTIONS, LLC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

7791 BELFORT PARKWAY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7791 BELFORT PARKWAY  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**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:**

FASTENBERG, DAVID  
7791 BELFORT PARKWAY  
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:** DAVID FASTENBERG

01/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** P  
**Name:** FASTENBERG, DAVID  
**Address:** 7791 BELFORT PARKWAY  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** D  
**Name:** LUDWICK, HARRY J  
**Address:** 7791 BELFORT PARKWAY  
**City-St-Zip:** JACKSONVILLE, FL 32256

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

PRES

01/18/2011

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