

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095565

FILED
Jan 16, 2006
Secretary of State

Entity Name: INSURANCE POLICY CENTRES, LLC

Current Principal Place of Business:

765 BAY RIDGE DRIVE
IOWA CITY, IA 52246 US

New Principal Place of Business:

521 HIGHWAY 1 W
IOWA CITY, IA 52246 US

Current Mailing Address:

765 BAY RIDGE DRIVE
IOWA CITY, IA 52246 US

New Mailing Address:

FEI Number: 20-3481508 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAVENDER, KYLE
873 WEST BAY DRIVE
SUITE 105
LARGO, FL 33770 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: MGRM () Delete
Name: MYRICK, DOUGLAS
Address: 765 BAY RIDGE DRIVE
City-St-Zip: IOWA CITY, IA 52246 US

Title: MGRM () Delete
Name: SPELLMAN, KATHLEEN
Address: 765 BAY RIDGE DRIVE
City-St-Zip: IOWA CITY, IA 52246 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS W MYRICK MRGN 01/16/2006

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