

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095565

FILED
Apr 01, 2008
Secretary of State

Entity Name: INSURANCE POLICY CENTRES, LLC

Current Principal Place of Business:

521 HIGHWAY 1 W
IOWA CITY, IA 52246 US

New Principal Place of Business:

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:

LAVENDER, KYLE
841 PRUDENTIAL DRIVE
12TH FLOOR
JACKSONVILLE, FL 32207 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:

04/01/2008

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 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

MGRM

04/01/2008

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