

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095565

**FILED**  
**Apr 08, 2010**  
**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:**

765 BAY RIDGE DRIVE  
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  
841 PRUDENTIAL DRIVE  
12TH FLOOR  
JACKSONVILLE, FL 32207 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  
**Name:** MYRICK, DOUGLAS  
**Address:** 765 BAY RIDGE DRIVE  
**City-St-Zip:** IOWA CITY, IA 52246 US

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

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: DOUGLAS W MYRICK      MGRM      04/08/2010

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