

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095565

**FILED**  
**Apr 27, 2011**  
**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:**

109 WOOD ACRES  
ALGONA, IA 50511 US

**Current Mailing Address:**

765 BAY RIDGE DRIVE  
IOWA CITY, IA 52246 US

**New Mailing Address:**

109 WOOD ACRES  
ALGONA, IA 50511 US

**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:** 109 WOOD ACRES  
**City-St-Zip:** ALGONA, IA 50511 US

**Title:** MGRM  
**Name:** SPELLMAN, KATHLEEN  
**Address:** 109 WOOD ACRES  
**City-St-Zip:** IOWA CITY, IA 50511 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

04/27/2011

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