

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102289

FILED
Jun 13, 2009
Secretary of State

Entity Name: INSURANCE SYNDICATION, LLC

Current Principal Place of Business:

925 CIMMERON DR
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

925 CIMMERON DR
TAMPA, FL 33603

New Mailing Address:

FEI Number: 13-4312053 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPOTO, NELSON J
925 CIMMERON DR
TAMPA, FL 33603 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SPOTO, NELSON J
Address: 925 CIMMERON DR
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES:

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: NELSON SPOTO

CEO

06/13/2009

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