


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2008 08:00 A
Secretary of State

DOCUMENT # L05000110688	
1. Entity Name INSURANCE FOR COLLEGE STUDENTS, LLC	

Principal Place of Business P.O. BOX 971053 BOCA RATON, FL 33497	Mailing Address P.O. BOX 971053 BOCA RATON, FL 33497
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DO NOT WRITE IN THIS SPACE



01072008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3801520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GOLD, MICHAEL I
11156 ORANGE BLOSSOM LANE
BOCA RATON, FL 33428**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLD, MICHAEL I 11156 ORANGE BLOSSOM LANE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLD, WENDY L 11156 ORANGE BLOSSOM LANE BOCA RATON, FL 33428
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03/20/08-80009-007 138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate, and that my 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: *Michael Gold* **Michael Gold** *1/8/08 5618523851*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #