

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

01-29-2007 90146 010 ****50.00

DOCUMENT # L05000112545	
1. Entity Name INSURANCE SALVAGE SOLUTIONS, LLC	

Principal Place of Business 60 STOCKTON STREET JACKSONVILLE, FL 32204	Mailing Address 60 STOCKTON STREET JACKSONVILLE, FL 32204
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30002148



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

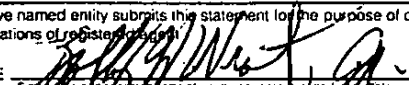
01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 76-0807761	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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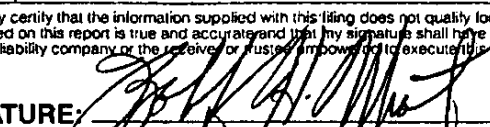
6. Name and Address of Current Registered Agent	
WROTEN, BOBBY H JR. 1125 HWY A1A #809 COCOA BEACH, FL 32937 60 STOCKTON ST JACKSONVILLE, FL 32204	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE 1/26/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WROTEN, BOBBY H JR. 1125 HWY A1A #809 COCOA BEACH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DAN DRUMMOND 540 MANDALAY ORLANDO, FL 32809 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WHEELER, WINSTON D 401 N RAMONA AVE INDIALANTIC, FL 32903 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAN DRUMMOND 540 MANDALAY ORLANDO, FL 32809 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: 	DATE 1/26/07 DAYTIME PHONE 407/620-0714