

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112545

FILED
Mar 23, 2009
Secretary of State

Entity Name: INSURANCE SALVAGE SOLUTIONS, LLC

Current Principal Place of Business:

60 STOCKTON STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

60 STOCKTON STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 76-0807761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WROTEN, BOBBY H JR.
60 STOCKTON ST
JACKSONVILLE, FL 32204 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 () Delete
Name: WROTEN, BOBBY H JR.
Address: 1125 HWY A1A #809
City-St-Zip: COCOA BEACH, FL 32937

Title: MGRM () Delete
Name: WHEELER, WINSTON D
Address: 434 OAKLAND AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: DRUMMOND, DAN
Address: SAO MANDALAY
City-St-Zip: ORLANDO, FL 32809

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WINSTON WHEELER

MMBR

03/23/2009

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