

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 20, 2009  
Secretary of State**

DOCUMENT# L05000120343

Entity Name: INSURANCE PLAN SOLUTIONS, LLC

**Current Principal Place of Business:**

1110 SE 7TH STREET  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

910 SE 10TH STREET  
DEERFIELD BEACH, FL 33441

**Current Mailing Address:**

2129 NW 76TH TERRACE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 56-2549534      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELL, TWAN  
2129 NW 76TH TERRACE  
PEMBROKE PINES, FL 33024      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: MGR      ( ) Delete  
Name: BELL, TWAN MR  
Address: 2129 NW 76TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: MGR      ( ) Delete  
Name: CURCI, PHILIP M  
Address: 1110 SE 7TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES:**

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

Title: MGR      (X) Change ( ) Addition  
Name: CURCI, PHILIP M  
Address: 910 SE 10TH STREET  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: TWAN BELL

MGR

03/20/2009

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