

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122528

FILED
Apr 27, 2009
Secretary of State

Entity Name: IMPACT INSURANCE SERVICES LLC

Current Principal Place of Business:

18064 SW 33RD CT.
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 278347
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 76-0812911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MODAS, DANIEL A
1215 SE 2ND AVENUE # 202
FT LAUDERDALE, FL 33316 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: BROWN, CARNELL C
Address: 18064 SW 33RD COURT
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM () Delete
Name: BROWN, PAULETTE M
Address: 18064 SW 33RD COURT
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BROWN, PAULETTE M
Address: 18064 SW 33RD COURT
City-St-Zip: MIRAMAR, FL 33029

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: PAULETTE M BROWN

MGR

04/27/2009

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