

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122528

**FILED**  
**Apr 07, 2010**  
**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  
Name: BROWN, CARNELL C  
Address: 18064 SW 33RD COURT  
City-St-Zip: MIRAMAR, FL 33029

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

I hereby 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

04/07/2010

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