2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L06000028736

Entity Name: INSURED DEALER SERVICES, LLC

Current Principal Place of Business:

3902 NORTHAMPTON WY
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

13014 N DALE MABRY HWY
STE 739
TAMPA, FL 33618 US

New Mailing Address:

FEI Number: 68-0626591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SUBKO-MCCARTHY, ANNETTE
3902 NORTHAMPTON WY
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

MCCARTHY, THOMAS F
3902 NORTHAMPTON WY
TAMPA, FL 33618 US

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: THOMAS F. MCCARTHY 04/30/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SUBKO-MCCARTHY, ANNETTE
Address: 3902 NORTHAMPTON WY
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MCCARTHY, THOMAS F
Address: 3902 NORTHAMPTON WY
City-St-Zip: TAMPA, FL 33618 US

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: THOMAS F MCCARTHY MGMR 04/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date