

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030654

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL SUCCESSION PLANNING ASSOCIATION, LLC

**Current Principal Place of Business:**

1700 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1700 W. COLONIAL DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 20-5448274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THILL, DANIEL J  
1700 W. COLONIAL DRIVE  
ORLANDO, FL 32804 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: THILL, DANIEL J  
Address: 1700 W. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Delete  
Name: RAWLS, LOYD H  
Address: 1700 W. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: MGR ( ) Delete  
Name: CIAMBELLA, DAVID J  
Address: 1700 W. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

Title: MGRM ( ) Delete  
Name: RAWLS, AMY G  
Address: 1700 W. COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32804

**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:

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:** AMY G RAWLS

MGRM

03/19/2009

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