## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000031427

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33647 US

DYKSTRA, NORMA

TAMPA, FL 33647 US

9905 COLONNADE DRIVE

() Delete

MGRM

Entity Name: 1 STOP INSURANCE SERVICES, LLC.

Feb 28, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 9905 COLONNADE DRIVE 14827 N. FLORIDA AVE. TAMPA, FL 33647 TAMPA, FL 33613 **Current Mailing Address: New Mailing Address:** 9905 COLONNADE DRIVE 14827 N. FLORIDA AVE TAMPA, FL 33613 TAMPA, FL 33647 US FEI Number: 20-4593472 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DYKSTRA, DONALD 9905 COLÓNNADE DRIVE TAMPA, FL 33647 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DYKSTRA, DONALD Name: Name: Address: 9905 COLONNADE DRIVE Address:

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DONALD DYKSTRA MGRM 02/28/2007