

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031427

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** 1 STOP INSURANCE SERVICES, LLC.

**Current Principal Place of Business:**

14827 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

14827 N. FLORIDA AVE.  
TAMPA, FL 33613 US

**New Mailing Address:**

**FEI Number:** 20-4593472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DYKSTRA, DONALD  
14827 N FLORIDA AVE  
TAMPA, FL 33613 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  
**Name:** DYKSTRA, DONALD  
**Address:** 14827 N FLORIDA AVE  
**City-St-Zip:** TAMPA, FL 33613 US

**Title:** MGRM  
**Name:** DYKSTRA, NORMA  
**Address:** 14827 N FLORIDA AVE  
**City-St-Zip:** TAMPA, FL 33613 US

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:** DONALD J DYKSTRA

OWNE

03/15/2011

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