

FILED
Jan 22, 2008 8:00 am
Secretary of State

60003051

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|--|---|---|--|---|--|
| DOCUMENT # L06000040971 | |  | | Secretary of State | |
| 1. Entity Name STRATEGIC INSURANCE SERVICES, LLC | | | | 01-22-2008 90126 026 ***150.00 | |
| Principal Place of Business 2727 ULMERTON RD. SUITE #220 CLEARWATER, FL 33762 | | Mailing Address 2727 ULMERTON RD. SUIT #220 CLEARWATER, FL 33762 | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 51-0574025 | |
| 6. Name and Address of Current Registered Agent DOUGLAS J. LEAVY 2400 FEATHER SOUND DR. UNIT # 511 CLEARWATER, FL 33762 | | 7. Name and Address of New Registered Agent | | | |
| | | Name | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | City | | | |
| | | FL Zip Code | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE 1/16/08 | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | |
| Make check payable to Florida Department of State | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LUDWIG, MICHAEL 719 83RD AVE N UNIT 101 ST PETERSBURG, FL 33702 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEAVY, DOUGLAS 2400 FEATHER SOUND DRIVE, UNIT 511 CLEARWATER, FL 33762 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S LUDWIG, MICHAEL 719 83RD AVE N UNIT 101 ST PETERSBURG, FL 33702 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LEAVY, DOUGLAS 2400 FEATHER SOUND DRIVE, UNIT 511 CLEARWATER, FL 33762 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  MGR/OWNER 1/16/08 727-213-18 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |