

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040971

FILED
Jan 05, 2010
Secretary of State

Entity Name: STRATEGIC INSURANCE SERVICES, LLC

Current Principal Place of Business:

2727 ULMERTON RD. SUIT #220
CLEARWATER, FL 33762

New Principal Place of Business:

2727 ULMERTON RD. SUITE #220
CLEARWATER, FL 33762

Current Mailing Address:

2727 ULMERTON RD. SUIT #220
CLEARWATER, FL 33762

New Mailing Address:

2727 ULMERTON RD. SUITE #220
CLEARWATER, FL 33762

FEI Number: 51-0574025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEAVY, DOUGLAS J
2400 FEATHERWOOD DR UNIT 511
CLEARWATER, FL 33762 US

Name and Address of New Registered Agent:

LEAVY, DOUGLAS J
2727 ULMERTON RD. SUITE #220
CLEARWATER, FL 33762 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: DOUG LEAVY

01/05/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: LUDWIG, MICHAEL
Address: 719 83RD AVE N UNIT 101
City-St-Zip: ST PETERSBURG, FL 33702

Title: MGR
Name: LEAVY, DOUGLAS
Address: 2727 ULMERTON ROAD SUITE #220
City-St-Zip: CLEARWATER, FL 33762

Title: S
Name: LUDWIG, MICHAEL
Address: 719 83RD AVE N UNIT 101
City-St-Zip: ST PETERSBURG, FL 33702

Title: T
Name: LEAVY, DOUGLAS
Address: 2727 ULMERTON ROAD SUITE #220
City-St-Zip: CLEARWATER, FL 33762

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: DOUG LEAVY

PRES

01/05/2010

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