

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000040971

**FILED**  
**Jan 25, 2011**  
**Secretary of State**

**Entity Name:** STRATEGIC INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

2727 ULMERTON RD. SUITE #220  
CLEARWATER, FL 33762

**New Principal Place of Business:**

**Current Mailing Address:**

2727 ULMERTON RD. SUITE #220  
CLEARWATER, FL 33762

**New Mailing Address:**

**FEI Number:** 51-0574025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

LUDWIG, MICHAEL C  
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: MICHAEL C LUDWIG

01/25/2011

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: MICHAEL C LUDWIG

MGR

01/25/2011

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