

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L06000040971

**FILED**  
**Jun 06, 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:**

LUDWIG, MICHAEL C  
2727 ULMERTON RD. SUITE #220  
CLEARWATER, FL 33762 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: MGR  
Name: LUDWIG, MICHAEL  
Address: 719 83RD AVE N UNIT 101  
City-St-Zip: ST PETERSBURG, FL 33702

Title: MGR  
Name: LEVI, 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: LEVI, 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: DOUGLAS LEVI

OWR

06/06/2011

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