

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000060570

Entity Name: INSURANCENTER, LLC

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

15051 S TAMIAMI TRAIL, STE 205  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

15051 S TAMIAMI TRAIL, STE 205  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 75-3253591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NELLANS, WILLIAM K  
15051 S TAMIAMI TRAIL, STE 205  
FORT MYERS, FL 33908 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: NELLANS, WILLIAM K  
Address: 15051 S TAMIAMI TRAIL, STE 205  
City-St-Zip: FORT MYERS, FL 33908

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: WILLIAM K. NELLANS

MGRM

01/13/2010

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