2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060694

Entity Name: INSURANCE STRATEGIES GROUP, LLC

8850 COMMODITY CIR STE 5

ORLANDO, FL 32819

Address:

City-St-Zip:

FILED Jan 08, 2008 Secretary of State

8853 COMMODITY CIR STE 5

City-St-Zip: ORLANDO, FL 32819

Current Principal Place of Business:			New Principal Place of Business:		
8853 COMMODITY CIRCLE SUITE 5					
ORLANDO	D, FL 32819				
Current IV	lailing Addre	ss:	New Mailing Address:		
SUITE 5	MODITY CIRO D, FL 32819	CLE			
FEI Number	: 51-0586268	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
	LLIAM E IMODITY CIR D, FL 32819				
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	COLE, WILLÌA	DITY CIRCLE, SUITE 5	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGR (PASSARELLI) Delete JAMES A	Title: MGRM Name: PASSARE	(X) Change()Addition LLL JAMES A	

Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 E COLE MGRM 01/08/2008