

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000060694

FILED
Dec 04, 2008
Secretary of State

Entity Name: INSURANCE STRATEGIES GROUP, LLC

Current Principal Place of Business:

8751 COMMODITY CIRCLE
SUITE 5
ORLANDO, FL 32819

New Principal Place of Business:

2151 CONSULATE DRIVE
SUITE 4
ORLANDO, FL 32837

Current Mailing Address:

8751 COMMODITY CIRCLE
SUITE 5
ORLANDO, FL 32819

New Mailing Address:

2151 CONSULATE DRIVE
SUITE 4
ORLANDO, FL 32837

FEI Number: 51-0586268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, WILLIAM E
8751 COMMODITY CIR STE 5
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

COLE, WILLIAM E
2151 CONSULATE DRIVE
SUITE 4
ORLANDO, FL 32837 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: WILLIAM COLE

12/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLE, WILLIAM E
Address: 8751 COMMODITY CIRCLE, SUITE 5
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLE, WILLIAM E
Address: 2151 CONUSULATE DRIVE, #4
City-St-Zip: ORLANDO, FL 32837

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

12/04/2008

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