

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068256

FILED
Jan 07, 2010
Secretary of State

Entity Name: INSURED RETURNS, LLC

Current Principal Place of Business:

55 NE FIFTH AVE, STE 400
C/O SALLY WHEELER
BOCA RATON, FL 33432

New Principal Place of Business:

55 NE FIFTH AVE, STE 400
BOCA RATON, FL 33432

Current Mailing Address:

55 NE FIFTH AVE, STE 400
C/O SALLY WHEELER
BOCA RATON, FL 33432

New Mailing Address:

55 NE FIFTH AVE, STE 400
BOCA RATON, FL 33432

FEI Number: 74-3193546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHEELER, SALLY
55 NE FIFTH AVE, STE 400
BOCA RATON, FL 33432 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: KEITH SINGER P.A.
Address: 55 NE FIFTH AVE, STE 400
City-St-Zip: BOCA RATON, FL 33432

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: KEITH SINGER

MGRM

01/07/2010

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