2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L06000077874

Entity Name: ARIES INSURANCE SERVICES LLC

Current Principal Place of Business:

9340 N FLORIDA AVE
STE 1A
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

9340 N FLORIDA AVE
STE 1A
TAMPA, FL 33612

New Mailing Address:

11365 SILVERWOOD CT
SPRING HILL, FL 34609

FEI Number: 33-1142820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEYDER, BARBARA A
11365 SILVERWOOD CT
SPRING HILL, FL 34609 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: PRES ( ) Delete
Name: HEYDER, BARBARA A
Address: 11365 SILVERWOOD CT
City-St-Zip: SPRING HILL, FL 34609

Title: VP (X) Delete
Name: HEYDER, SCOTT L
Address: 11365 SILVERWOOD CT
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BARBARA A HEYDER PRES 02/16/2009

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