2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008
Secretary of State

DOCUMENT# L06000104294

Entity Name: ARROWHEAD WHOLESALE INSURANCE SERVICES, LLC

Current Principal Place of Business:

3465 CAMINO DEL RIO SOUTH #220
SAN DIEGO, CA 92108

New Principal Place of Business:

Current Mailing Address:

3465 CAMINO DEL RIO SOUTH #220
SAN DIEGO, CA 92108

New Mailing Address:

FEI Number: 90-0340854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HIQ CORPORATE SERVICES, INC.
1574 VILLAGE SQUARE BLVD., STE. 100
TALLAHASSEE, FL 32309 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	( ) Delete
Name:	KILKENNY, PATRICK J	
Address:	3465 CAMINO DEL RIO SOUTH #220	
City-St-Zip:	SAN DIEGO, CA 92108	
Title:	MGRM	( ) Delete
Name:	KILKENNY, KEVIN SHAWN	
Address:	3465 CAMINO DEL RIO SOUTH #220	
City-St-Zip:	SAN DIEGO, CA 92108	
Title:	MGRM	( ) Delete
Name:	YOUNG, ROBERT BERNARD	
Address:	3465 CAMINO DEL RIO SOUTH #220	
City-St-Zip:	SAN DIEGO, CA 92108	
Title:	MGRM	( ) Delete
Name:	HOWARD, JEREMIAH S	
Address:	3465 CAMINO DEL RIO SOUTH #220	
City-St-Zip:	SAN DIEGO, CA 92108	
Title:	MGRM	( ) Delete
Name:	HARMON, MARIANNE	
Address:	3465 CAMINO DEL RIO SOUTH #220	
City-St-Zip:	SAN DIEGO, CA 92108	
Title:	MGRM	( ) Delete
Name:	KIMMEL, ROBERT JAMES	
Address:	3465 CAMINO DEL RIO SOUTH #220	
City-St-Zip:	SAN DIEGO, CA 92108	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: KEVIN KILKENNY CEO 04/09/2008

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