

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111084

FILED
Aug 27, 2008
Secretary of State

Entity Name: GROUP INSURANCE SERVICES, LLC

Current Principal Place of Business:

1325 W. CASS STREET
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

1325 W. CASS STREET
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 20-5895171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AGACINSKI, CATHERINE F
1325 W. CASS STREET
TAMPA, FL 33606 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AGACINSKI, CATHERINE F
Address: 1325 W. CASS STREET
City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Delete
Name: AGACINSKI, MARTIN
Address: 1325 W. CASS STREET
City-St-Zip: TAMPA, FL 33606 US

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: CATHERINE F. AGACINSKI

MGR

08/27/2008

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