2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L06000121208

Entity Name: HABER INSURANCE SERVICES, LLC

Current Principal Place of Business:

12706 BENTY WAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

12706 BENTY WAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 61-1463151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HABER, LEON A II
12706 BENTY WAY
ODESSA, FL 33556 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
Name: HABER, LEON A II
Address: 12706 BENTY WAY
City-St-Zip: ODESSA, FL 33556 US

Title: VP
Name: HABER, CAROLYN S
Address: 12706 BENTY WAY
City-St-Zip: ODESSA, FL 33556 US

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 Statues.

SIGNATURE: LEON A HABER II PRES 04/28/2011

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