2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008
Secretary of State

DOCUMENT# L07000014928

Entity Name: MUTUAL AID INSURANCE SERVICES LLC

Current Principal Place of Business:

37 SOUTH BENEVA ROAD
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

37 SOUTH BENEVA ROAD
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 20-8648401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, KEITH L
37 SOUTH BENEVA ROAD
SARASOTA, FL 34232 USA 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: MGR ( ) Delete
Name: SNYDER, KEITH L
Address: 5180 NORTHRIDGE ROAD, UNIT 102
City-St-Zip: SARASOTA, FL 34238 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SNYDER, KEITH L
Address: 8739 KARPEAL DRIVE
City-St-Zip: SARASOTA, FL 34238 US

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: KEITH L. SNYDER MGR 04/03/2008

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