2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# L07000016999

Entity Name: VADAS INSURANCE SERVICES LLC

Current Principal Place of Business:

1218 DEL PRADO S #B
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

1218 DEL PRADO S #B
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 36-4787982 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

VADAS, PAMELA D
2692 N IBIS CT
SAINT JAMES CITY, FL 33956 US

Name and Address of New Registered Agent:

VADAS, PAMELA D
3059 BRACCI DR
SAINT JAMES CITY, FL 33956 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: PAMELA D. VADAS 01/18/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: VADAS, PAMELA D
Address: 2692 N IBIS CT
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VADAS, PAMELA D
Address: 3059 BRACCI DR
City-St-Zip: SAINT JAMES CITY, FL 33956

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: PAMELA D. VADAS MGRM 01/18/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date