

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041590

FILED
Apr 27, 2010
Secretary of State

Entity Name: NETWORK INSURANCE CENTER LLC

Current Principal Place of Business:

3300 UNIVERSITY DRIVE
SUITE 407
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

3300 UNIVERSITY DRIVE
SUITE 407
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 14-2010216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, TREVOR A
3300 UNIVERSITY DRIVE
SUITE 407
CORAL SPRINGS, FL 33065 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
Name: MCKENZIE, CANDICE
Address: 5309 PINE CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGR
Name: MILLER, TREVOR A
Address: 12365 NW 62ND COURT
City-St-Zip: PARKLAND, FL 33076 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 Statutes.

SIGNATURE: CANDICE MCKENZIE

PRES

04/27/2010

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