

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000041590

FILED
Apr 06, 2011
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:

MCKENZIE, CANDICE L
3300 UNIVERSITY DRIVE
SUITE 407
CORAL SPRINGS, FL 33065 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: CANDICE MCKENZIE

04/06/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MCKENZIE, CANDICE L
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

CEO

04/06/2011

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