

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045157

FILED
Apr 07, 2008
Secretary of State

Entity Name: INDEPENDENT INSURANCE PROFESSIONALS, LLC

Current Principal Place of Business:

45 TANGLEWOOD ROAD
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 530591
DEBARY, FL 327530591

New Mailing Address:

FEI Number: 20-8935045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, CARL M
45 TANGLEWOOD ROAD
DEBARY, FL 32713 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: MGRM () Delete
Name: THOMPSON, CARL M
Address: 45 TANGLEWOOD ROAD
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARL M THOMPSON

MGRM

04/07/2008

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