

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047013

FILED
Jan 04, 2008
Secretary of State

Entity Name: INSURANCE PROS DIRECT, LLC

Current Principal Place of Business:

9054 CHRYSANTHEMUM DRIVE
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

9054 CHRYSANTHEMUM DRIVE
BOYNTON BEACH, FL 33437

New Mailing Address:

9054 CHRYSANTHEMUM DRIVE
BOYNTON BEACH, FL 33472

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICALIZIO, JOHN O
9054 CHRYSANTHEMUM DRIVE
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

MICALIZIO, JOHN O
9054 CHRYSANTHEMUM DRIVE
BOYNTON BEACH, FL 33472 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: JOHN O MICALIZIO

01/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: MICALIZIO, JOHN O
Address: 9054 CHRYSANTHEMUM DRIVE
City-St-Zip: BOYNTON BEACH, FL 33472

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: JOHN O MICALIZIO

MR

01/04/2008

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