# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L07000048728

**1. Entity Name**
DIRECT INSURANCE SOLUTIONS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 420 COLUMBIA DR STE 110 | 420 COLUMBIA DR STE 110 |
| WEST PALM BEACH, FL  33409 | WEST PALM BEACH, FL  33409 |

## DO NOT WRITE IN THIS SPACE

03132008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 26-0204002 | Not Applicable |

**5.** Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

**6.  Name and Address of Current Registered Agent**

INKELL, DELORIS M
420 COLUMBIA DR STE 110
WEST PALM BEACH, FL  33409

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**8.** 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.  I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable          (NOTE: Registered Agent signature required when reinstating)                          DATE

**FILE NOW!!!  FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U00000895974
04/24/08-80089-010  138.75

| 9. | MANAGING MEMBERS/MANAGERS | |
|---|---|---|
| TITLE | MGR | |
| NAME | INKELL, DELORIS M | |
| STREET ADDRESS | 420 COLUMBIA DR STE 110 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL  33409 | |
| TITLE | MGRM | |
| NAME | SELLARI, GARY B | |
| STREET ADDRESS | 420 COLUMBIA DR STE 110 | |
| CITY-ST-ZIP | WEST PALM BEACH, FL  33409 | |
| TITLE | | |
| NAME | | |
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| TITLE | | |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** _(GARY SELLARI)_ 4/10/08  (561) 686-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE          Date          Daytime Phone #