

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048728

FILED
Feb 23, 2009
Secretary of State

Entity Name: DIRECT INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

420 COLUMBIA DR STE 110
WEST PALM BEACH, FL 33409

New Principal Place of Business:

420 COLUMBIA DR
STE 110
WEST PALM BEACH, FL 33409

Current Mailing Address:

420 COLUMBIA DR STE 110
WEST PALM BEACH, FL 33409

New Mailing Address:

420 COLUMBIA DR
STE 110
WEST PALM BEACH, FL 33409

FEI Number: 26-0204002

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

02/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: INKELL, DELORIS M
Address: 420 COLUMBIA DR STE 110
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGRM () Delete
Name: SELLARI, GARY B
Address: 420 COLUMBIA DR STE 110
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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

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: DELORIS M INKELL

MGR

02/23/2009

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