

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000084432

Entity Name: ICAN INSURANCE, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431 US

New Principal Place of Business:

Current Mailing Address:

700 BANYAN TRAIL, SUITE 200
BOCA RATON, FL 33431 US

New Mailing Address:

FEI Number: 26-0740734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHATZ, SAMUEL G
700 BANYAN TRAIL
200
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

SUGIMOTO, DIANE
700 BANYAN TRAIL
200
BOCA RATON, FL 33431 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: DIANE SUGIMOTO

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TUCKER, STEPHEN M
Address: 700 BANYAN TRAIL, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: SHATZ, HAROLD L
Address: 700 BANYAN TRAIL SUITE 200
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: SHATZ, SAMUEL G
Address: 700 BANYAN TRAIL, SUITE 200
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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: DIANE SUGIMOTO

CFO

01/16/2009

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