2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L07000106312

Entity Name: FINANCIAL PLANNING & INSURANCE SERVICES L.L.C.

Current Principal Place of Business:

1205 S. LAKES END DR. APT. B2
FORT PIERCE, FL 34982

New Principal Place of Business:

1205 S. LAKES END DR. APT.B2
FORT PIERCE, FL 34982

Current Mailing Address:

1205 S. LAKES END DR. APT. B2
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 06-1830053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEE, DAVID
1205 S. LAKES END DR. APT. B2
FORT PIERCE, FL 34982 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: LEE, DAVID C OWNER
Address: 1205 S. LAKES END DR. APT.B2
City-St-Zip: FORT PIERCE, FL 34982

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: DAVID C LEE MR. 01/04/2008

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