

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116231

FILED
Mar 17, 2008
Secretary of State

Entity Name: KEYSTONE INSURANCE SERVICES OF TAMPA, LLC

Current Principal Place of Business:

152220 OCTAVIA LN
ODESSA, FL

New Principal Place of Business:

4202 W LINEBAUGH AVE
SUITE B
TAMPA, FL 33624

Current Mailing Address:

152220 OCTAVIA LN
ODESSA, FL

New Mailing Address:

4202 W LINEBAUGH AVE
SUITE B
TAMPA, FL 33624

FEI Number: 20-8666823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, SCOTT F
4890 W KENNEDY BLVD. #240
TAMPA, FL 33609 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: MGRM () Delete
Name: STAVISH, JEFFREY
Address: 152220 OCTAVIA LN
City-St-Zip: ODESSA, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STAVISH, JEFFREY
Address: 152220 OCTAVIA LN
City-St-Zip: ODESSA, FL 33556

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: JEFFREY T STAVISH

MGRM

03/17/2008

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