

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000009655

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: INSURANCE LAW JOBS, LLC

**Current Principal Place of Business:**

4400 NORTHCORP PARKWAY  
118  
PALM BEACH GARDENS, FL 33410 US

**New Principal Place of Business:**

39 VIA DEL CORSO  
PALM BEACH GARDENS, FL 33418 US

**Current Mailing Address:**

PO BOX 31105  
PALM BEACH GARDENS, FL 33420 US

**New Mailing Address:**

FEI Number: 30-0460578      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JEFFREY-LYMAN, TERYL A  
39 VIA DEL CORSO  
PALM BEACH GARDENS, FL 33418 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: LYMAN, TERYL A J  
Address: 39 VIA DEL CORSO  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JEFFREY-LYMAN, TERYL A  
Address: 39 VIA DEL CORSO  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

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: TERYL A JEFFREY-LYMAN

MGRM

03/20/2009

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