

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036981

FILED
Mar 04, 2009
Secretary of State

Entity Name: INTERNATIONAL ASSETS INSURANCE ADVISORS, LLC

Current Principal Place of Business:

300 S. ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

300 S. ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WINN, JEFFREY
300 S. ORANGE AVENUE
SUITE 1100
ORLANDO, FL 32801 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: MGR () Delete
Name: WINN, JEFFREY
Address: 300 S. ORANGE AVENUE, ST. 1100
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: COFRANCESCO, EDWARD
Address: 300 S. ORANGE AVENUE, ST 1100
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: PANCHOOKIAN, RICHARD
Address: 300 S. ORANGE AVENUE, ST 1100
City-St-Zip: ORLANDO, FL 32801 US

Title: MGRM () Delete
Name: CUFF, SHERI
Address: 300 S. ORANGE AVENUE, ST 1100
City-St-Zip: ORLANDO, FL 32801 US

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:

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: EDWARD COFRANCESCO

MGRM

03/04/2009

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