2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091023

Entity Name: SAFEGUARD INSURANCE SOLUTIONS, LLC

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4795 NW 76TH ST 1901 S. CONGRESS AVE

COCONUT CREEK, FL 33073 118

BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

POB 970010

COCONUT CREEK, FL 33097

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

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

MS FINANCIAL INC MS FINANCIAL 4795 NW 76TH ST 4795 NW 76 ST

COCONUT CREEK, FL 33073 US COCONUT CREEK, FL 33073 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: DON ARONOWITZ 03/16/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: MS FINANCIAL INC., Name: SAFEGUARD INSURANCE, SOLUTIONS LLC

Address: POB 970010 Address: POB 970010

City-St-Zip: COCONUT CREEK, FL 33097 City-St-Zip: COCONUT CREEK, FL 33097

Title: MGR () Delete Title: () Change () Addition

 Name:
 ARONOWITZ, DON
 Name:

 Address:
 4795 NW 76TH ST
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 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: DON ARONOWITZ MGR 03/16/2009