2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000091103

Entity Name: AIM INSURANCE SERVICES LLC

FILED Apr 12, 2009 Secretary of State

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

8358 W OAKLAND PARK BLVD, 103 8358 W OAKLAND PARK BLVD. SUNRISE, FL 33351

103

SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

8358 W OAKLAND PARK BLVD, 103 8358 W OAKLAND PARK BLVD. SUNRISE, FL 33351

SUNRISE, FL 33351 US

FEI Number: 26-3422355 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DESROULEAUX, DIDIER O'HEARN, JAMES J 260 COMMODORE 2466 NE 17TH COURT US

JENSEN BEACH, FL 34957 PLANTATION, FL 33325 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: JAMES JO'HEARN 04/12/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

MULLER, ANNE ISABELLE MULLER, ANNE ISABELLE Name: Name: Address: 1830 RADIUS DR# 725 Address: 8358 WEST OAKLAND PARK BLVD. #103

City-St-Zip: HOLLYWOOD, FL 33020 US City-St-Zip: SUNRISE, FL 33351 US

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

Name: Name: GELIN, MARIE

Address: Address: 8358 WEST OAKLAND PARK BLVD. #103

City-St-Zip: City-St-Zip: SUNRISE, FL 33351 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: ANNE ISABELLE MULLER 04/12/2009