

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093234

FILED
Apr 29, 2009
Secretary of State

Entity Name: INSURANCE SOLUTIONS OF NEW PORT RICHEY LLC

Current Principal Place of Business:

10733 FOOTPRINT LANE
PORT RICHEY, FL 34668

New Principal Place of Business:

5417 US HWY 19 STE 105
NEW PORT RICHEY, FL 34652

Current Mailing Address:

10733 FOOTPRINT LANE
PORT RICHEY, FL 34668

New Mailing Address:

5312 LITTLE RD
NEW PORT RICHEY, FL 34655

FEI Number: 26-3462305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EKREN, WAYNE K
9330 REGENCY PARK BLVD.
PORT RICHEY, FL 34668 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: YOUR TAX AND ACCOUNTING SOLUTIONS LLC
Address: 5312 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM () Delete
Name: FERRIS, THERESA
Address: 10022 FRIERSON LAKE DR
City-St-Zip: HUDSON, FL 34669

ADDITIONS/CHANGES:

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: CAROLLE M RYAN

MGRM

04/29/2009

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