

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000093234

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** INSURANCE SOLUTIONS OF NEW PORT RICHEY LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

5312 LITTLE RD  
NEW PORT RICHEY, FL 34655

**New Mailing Address:**

**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  
Name: YOUR TAX AND ACCOUNTING SOLUTIONS LLC  
Address: 5312 LITTLE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34655

I hereby 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

04/24/2010

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