

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099526

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE MARKETING SOLUTIONS, LLC

**Current Principal Place of Business:**

3960 N ANDREWS AVE  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

100 SW 1ST AVE  
SUITE 1250  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

3960 N ANDREWS AVE  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

100 SW 1ST AVE  
SUITE 1250  
FORT LAUDERDALE, FL 33301

**FEI Number:** 26-3582461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, CHRISTIAN L  
3960 N ANDREWS AVE  
FORT LAUDERDALE, FL 33309 US

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

SMITH, CHRISTIAN L  
100 SW 1ST AVE  
SUITE 1250  
FORT LAUDERDALE, FL 33301 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: C. LEO SMITH

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SMITH, CHRISTIAN L  
Address: 100 SW 1ST AVE, SUITE 1250  
City-St-Zip: FORT LAUDERDALE, FL 33309

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: C. LEO SMITH

MRG

04/30/2012

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