

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048832

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** GOOD FAITH INSURANCE SERVICES LLC

**Current Principal Place of Business:**

3848 FLATIRON LOOP  
SUITE 102  
WESLEY CHAPEL, FL 33544 US

**New Principal Place of Business:**

5820 OLD PASCO ROAD  
WESLEY CHAPEL, FL 33544 US

**Current Mailing Address:**

3848 FLATIRON LOOP  
SUITE 102  
WESLEY CHAPEL, FL 33544 US

**New Mailing Address:**

5820 OLD PASCO ROAD  
WESLEY CHAPEL, FL 33544 US

**FEI Number:** 27-0225380

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINLAN, JAMES J  
28929 LONGMEADOW LOOP  
WESLEY CHAPEL, FL 33543 US

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

PAULSEN, ROCIO D  
9701 SIMEON DRIVE  
LAND O'LAKES, FL 34638 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: ROCIO D PAULSEN

04/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PAULSEN, ROCIO D  
Address: 9701 SIMEON DRIVE  
City-St-Zip: LAND O LAKES, FL 34638 US

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: ROCIO D PAULSEN

MGRM

04/30/2011

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