

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000360

**FILED**  
**Jan 09, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2328 HANCOCK BRIDGE PKWY.  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

2328 HANCOCK BRIDGE PKWY.  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 27-1606740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSENBERG, DAVID H ESQ.  
1626 RINGLING BOULEVARD  
FIFTH FLOOR, SUITE 500  
SARASOTA, FL 34236 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:** GONNELLI, JOSEPH D  
**Address:** 3540 MISTLETOE LANE  
**City-St-Zip:** LONGBOAT KEY, FL 34228

**Title:** MGRM  
**Name:** GONNELLI, CHRISTINE  
**Address:** 3540 MISTLETOE LANE  
**City-St-Zip:** LONGBOAT KEY, FL 34228

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:** JOSEPH GONNELLI

MGRM

01/09/2011

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