2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

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Entity Name: INSURANCE ADVISORS, LLC

Current Principal Place of Business:

13720 CYPRESS TERRACE CIR., #301
FT. MYERS, FL 33907

New Principal Place of Business:

13720 CYPRESS TERRACE CIR., #301
FORT MYERS, FL 33907

Current Mailing Address:

13720 CYPRESS TERRACE CIR., #301
FT. MYERS, FL 33907

New Mailing Address:

13720 CYPRESS TERRACE CIR., #301
FORT MYERS, FL 33907

FEI Number: 27-1907724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAHRS, SUEANN L
911 SE 31ST TER
CAPE CORAL, FL 33904 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: BAHRS, SUEANN L
Address: 911 SE 31ST TER
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM
Name: STEWART, JAMES C
Address: 5692 SHADDELEE LN W
City-St-Zip: FORT MYERS, F: 33904

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 Statues.

SIGNATURE: SUEANN L. BAHRS MGR 03/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date