2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# L10000024908

Entity Name: THE INSURANCE WORKSHOP LLC.

Current Principal Place of Business:

165 SABAL PALM DRIVE
STE 111
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PO BOX 163123
ALTAMONTE SPRINGS, FL 32718

New Mailing Address:

FEI Number: 27-1986768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, CRUZ
165 SABAL PALM DRIVE
STE 111
LONGWOOD, FL 32779 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: MGR
Name: MORALES, CRUZ
Address: 165 SABAL PALM DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM
Name: MORALES, LISA
Address: 165 SABAL PALM DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: CRUZ MORALES PRES 01/05/2011

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