

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028494

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

**Entity Name:** INSURANCE TECHNOLOGY ARCHITECTS, LLC

**Current Principal Place of Business:**

13080 S BELCHER RD  
STE H  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

800 - 2ND AVE SOUTH  
STE 380  
ST PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 30-0617015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LECOMPTE, MORRIS A  
800 - 2ND AVE SOUTH  
STE 380  
ST PETERSBURG, FL 33701 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:** SAVITSKY, JOHN ERIK  
**Address:** 800 - 2ND AVE SOUTH - STE 380  
**City-St-Zip:** ST PETERSBURG, FL 33701

**Title:** MGR  
**Name:** MANDELL, MICHAEL  
**Address:** 800 - 2ND AVE SOUTH - STE 380  
**City-St-Zip:** ST PETERSBURG, FL 33701

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:** JOHN ERIK SAVITSKY

MGR

04/30/2011

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