

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000093315

FILED
Feb 01, 2012
Secretary of State

Entity Name: NATIONAL INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

900 ORCHID SPRINGS DR
102
WINTER HAVEN, FL 33884

New Principal Place of Business:

501 S. FLAGLER DRIVE
201
WEST PALM BEACH, FL 33401

Current Mailing Address:

2602 WYNDSOR OAKS CT
WINTER HAVEN, FL 33884

New Mailing Address:

501 S. FLAGLER DRIVE
201
WEST PALM BEACH, FL 33401

FEI Number: 27-3397940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, STEPHEN
2602 WYNDSOR OAKS CT
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

KRASKER, PAUL A
501 S. FLAGLER DRIVE
201
WEST PALM BEACH, FL 33401 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: PAUL A. KRASKER

02/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LAISCH, FRANK
Address: 900 ORCHID SPRINGS DRIVE 102
City-St-Zip: WINTER HAVEN, FL 33884

Title: MGRM
Name: SREENAN, MARY
Address: 704 NIGHTHAWK WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM
Name: KRASKER, PAUL A
Address: 501 S. FLAGLER DRIVE 201
City-St-Zip: WEST PALM BEACH, FL 33401

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: PAUL A. KRASKER

MGRM

02/01/2012

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