

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000102473

FILED
Jan 06, 2012
Secretary of State

Entity Name: FOUNDATION INSURANCE SERVICES, L.L.C.

Current Principal Place of Business:

225 WATER ST. #1290
JACKSONVILLE, FL 32202

New Principal Place of Business:

225 WATER ST STE 1290
JACKSONVILLE, FL 32202

Current Mailing Address:

225 WATER ST. #1290
JACKSONVILLE, FL 32202

New Mailing Address:

225 WATER ST STE 1290
JACKSONVILLE, FL 32202

FEI Number: 27-3474285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, KRIS
348 SUMMERSET CT
SAINT JOHNS, FL 32259 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: SCOTT, PAUL V
Address: 225 WATER ST STE 1290
City-St-Zip: JACKSONVILLE, FL 32202

Title: MGRM
Name: WILLIAMS, KRIS S
Address: 225 WATER ST STE 1290
City-St-Zip: JACKSONVILLE, FL 32202

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 SCOTT

MGRM

01/06/2012

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