

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000121250

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** REALTIME INSURANCE SYSTEMS, LLC

**Current Principal Place of Business:**

816 HIGHWAY A1A NORTH  
SUITE 206  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1399  
PONTE VEDRA BEACH, FL 32004

**New Mailing Address:**

P.O. BOX 3140  
PONTE VEDRA BEACH, FL 32004

**FEI Number:** 27-4034722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WICKES, LESLIE A ESQ.  
501 RIVERSIDE AVE.  
7TH FLOOR  
JACKSONVILLE, FL 32202 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: BUSHONG, CHARLES R  
Address: 816 HIGHWAY A1A NORTH, SUITE 206  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

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: CHARLES R. BUSHONG

MGR

02/14/2011

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