

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000131820

FILED
Apr 20, 2011
Secretary of State

Entity Name: THE INSURANCE CLINIC, LLC

Current Principal Place of Business:

6625 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6625 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

New Mailing Address:

8415 NW 169 TERR
MIAMI LAKES, FL 33016

FEI Number: 27-4394138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, MIGUEL
8415 NW 169TH TERRACE
MIAMI LAKES, FL 33016 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: ISMAIL, ODALIS
Address: 8415 NW 169 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR
Name: SANCHEZ, MIGUEL
Address: 8415 NW 169 TERRACE
City-St-Zip: MIAMI LAKES, FL 33016

Title: MGR
Name: SAMANIEGO, JULIO
Address: 6625 MIAMI LAKES DRIVE, STE. 231
City-St-Zip: MIAMI LAKES, FL 33014

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: ODALIS ISMAIL

MGRM

04/20/2011

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