

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000060953

FILED
Jan 06, 2012
Secretary of State

Entity Name: PLANNED INSURANCE SERVICES, LLC

Current Principal Place of Business:

4660 HOFFNER AVE
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

6875 FM 1488
STE. 1100
MAGNOLIA, TX 77354

New Mailing Address:

FEI Number: 45-2424475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOTTILARE, DAVID
4660 HOFFNER AVE
ORLANDO, FL 32812 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: SOTTILARE, DAVID
Address: 6875 FM 1488, STE. 1100
City-St-Zip: MAGNOLIA, TX 77354

Title: MGRM
Name: SOTTILARE, ANTHONY SR
Address: 7490 CHARLIN PARKWAY
City-St-Zip: ORLANDO, FL 32822

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: DAVID SOTTILARE

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01/06/2012

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