

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000309

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** INSURANCE DISTRIBUTION SOLUTIONS, LLC

**Current Principal Place of Business:**

151 SHORES DRIVE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

315 BONNIE LANE  
AURORA, OH 44202

**New Mailing Address:**

333 RAINBOWS END  
AURORA, OH 44202

**FEI Number:** 39-5381395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIEGNER, EDWARD A  
151 SHORES DRIVE  
VERO BEACH, FL 32963 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 ( ) Delete  
Name: WIEGNER, EDWARD A  
Address: 151 SHORES DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM ( ) Delete  
Name: MOORE, RANDALL J  
Address: 315 BONNIE LN  
City-St-Zip: AURORA, OH 44202

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MOORE, RANDALL J  
Address: 333 RAINBOWS END  
City-St-Zip: AURORA, OH 44202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** RANDALL MOORE

MGR

03/10/2009

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