## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M03000001710

Entity Name: SUMMIT AMERICA INSURANCE SERVICES, L.C.

**FILED** Aug 05, 2005 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

5001 COLLEGE BOULEVARD, SUITE 216 7400 COLLEGE BLVD. LEAWOOD, KS 66220

SUITE 100

OVERLAND PARK, KS 66210

**Current Mailing Address:** New Mailing Address:

5001 COLLEGE BOULEVARD, SUITE 216 7400 COLLEGE BLVD.

LEAWOOD, KS 66220 SUITE 100

OVERLAND PARK, KS 66210

ADDITIONS/CHANGES:

FEI Number: 43-1730101 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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:

MGRM Title: () Delete (X) Change ( ) Addition

WILSON, THOMAS F JR WILSON, THOMAS F JR Name: Name: Address: 5001 COLLEGE BOULEVARD, SUITE 216 Address: 7400 COLLEGE BLVD. SUITE 100

LEAWOOD, KS 66220 City-St-Zip: City-St-Zip: OVERLAND PARK, KS 66210

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: MAYO, PAUL P Name: MAYO, PAUL P

Address: 5001 COLLEGE BOULEVARD, SUITE 216 Address: 7400 COLLEGE BLVD. SUITE 100 City-St-Zip: LEAWOOD, KS 66220 City-St-Zip: OVERLAND PARK, KS 66210

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PAUL P MAYO **MGRM** 08/05/2005