

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001965

FILED
Feb 25, 2009
Secretary of State

Entity Name: HBW INSURANCE SERVICES, L.L.C.

Current Principal Place of Business:

4501 CIRCLE 75 PARKWAY N.W.
SUITE F-6200
ATLANTA, GA 30339

New Principal Place of Business:

3587 PARKWAY LANE
NORCROSS, GA 30092

Current Mailing Address:

10375 E HARVARD AVE
SUITE 100
DENVER, CO 80231 US

New Mailing Address:

FEI Number: 58-2463847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: HBW SERVICES, LLC,
Address: 10375 E HARVARD AVE, SUITE 100
City-St-Zip: DENVER, CO 80231

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: PT () Change (X) Addition
Name: LEWIS, MARK C
Address: 10375 E HARVARD AVE, SUITE 100
City-St-Zip: DENVER, CO 80231

Title: S () Change (X) Addition
Name: RIORDAN, JOAN M
Address: 10375 E HARVARD AVE, SUITE 100
City-St-Zip: DENVER, CO 80231

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: MARK C. LEWIS

PRES

02/25/2009

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