

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002340

**FILED**  
**Jun 02, 2007**  
**Secretary of State**

**Entity Name:** INSURANCE STRATEGIES SERVICES, L.L.C.

**Current Principal Place of Business:**

2725 VIA CIPRIANI, #714B  
CLEARWATER, FL 33764

**New Principal Place of Business:**

17755 US HIGHWAY 19 NORTH  
199  
CLEARWATER, FL 33764

**Current Mailing Address:**

2725 VIA CIPRIANI, #714B  
CLEARWATER, FL 33764

**New Mailing Address:**

17755 US HIGHWAY 19 NORTH  
100  
CLEARWATER, FL 33764

FEI Number: 20-3124725      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:**

MORRIS, FISHMAN  
2725 VIA CIPRIANI, #714B  
CLEARWATER, FL 33764      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:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: FISHMAN, MORRIS  
Address: 2725 VIA CIPRIANI, #714B  
City-St-Zip: CLEARWATER, FL 33764

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

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: MORRIS FISHMAN

MR

06/02/2007

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