2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# M06000002340

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

Current Principal Place of Business:

17755 US HIGHWAY 19 NORTH
199
CLEARWATER, FL 33764

New Principal Place of Business:

17755 US HIGHWAY 19 NORTH
100
CLEARWATER, FL 33764

Current Mailing Address:

17755 US HIGHWAY 19 NORTH
100
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-3124725 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FISHMAN, MORRIS
Address: 2725 VIA CIPRIANI, #714B
City-St-Zip: CLEARWATER, FL 33764

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 01/16/2009

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