

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004576

FILED
Jul 03, 2008
Secretary of State

Entity Name: MULLINTBG INSURANCE AGENCY SERVICES, LLC

Current Principal Place of Business:

2029 CENTURY PARK EAST, 37TH FLOOR
LOS ANGELES, CA 90067

New Principal Place of Business:

Current Mailing Address:

2029 CENTURY PARK EAST
37TH FLOOR
LOS ANGELES, CA 90067

New Mailing Address:

FEI Number: 20-4106571 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:

Title: MGRM () Delete
Name: MC INSURANCE AGENCY, SERVICES, LLC
Address: 2029 CENTURY PARK EAST, 37TH FLOOR
City-St-Zip: LOS ANGELES, CA 90067

Title: MGRM () Delete
Name: TBG INSURANCE SERVIC, ES CORPORATION
Address: 2029 CENTURY PARK EAST, 37TH FLOOR
City-St-Zip: LOS ANGELES, CA 90067

ADDITIONS/CHANGES:

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

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: MICHAEL GLICKMAN

MR.

07/03/2008

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