

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005484

FILED
Apr 22, 2008
Secretary of State

Entity Name: NORTH AMERICAN ADVANTAGE INSURANCE SERVICES, LLC

Current Principal Place of Business:

230 WESTWAY PLACE, SUITE 111
ARLINGTON, TX 76018

New Principal Place of Business:

Current Mailing Address:

230 WESTWAY PLACE, SUITE 111
ARLINGTON, TX 76018

New Mailing Address:

FEI Number: 51-0540898

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: MGR () Delete
Name: PEKOR, ALLAN J
Address: 700 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: REED, LINDA
Address: 700 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: MGR () Delete
Name: FERNANDEZ, EMILIO
Address: 700 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

Title: MGR (X) Delete
Name: KELLER, CLOTILDE C
Address: 700 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KELLER, CLOTILDE C
Address: 700 N.W. 107TH AVENUE
City-St-Zip: MIAMI, FL 33172

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

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: EMILIO FERNANDEZ

MGR

04/22/2008

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