

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001571

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** SOLUTIONS INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

3455 N.E. 12TH TERRACE, SUITE 12  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

3455 N.E. 12TH TERRACE, SUITE 12  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

**FEI Number:** 20-8111363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEIN, PAUL J  
1940 NW 32ND COURT  
OAKLAND PARK, FL 33309 US

**Name and Address of New Registered Agent:**

HARDY, GREGORY D  
1940 NW 32ND COURT  
OAKLAND PARK, FL 33309 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: GREGORY D HARDY

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARDY, GREGORY D  
Address: 1940 NW 32ND COURT  
City-St-Zip: OAKLAND PARK, FL 33309

Title: MGRM  
Name: SOLOWAY, RICHARD E  
Address: 1650 SW 27TH TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby 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: GREGORY D HARDY

MGMR

04/10/2012

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