

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002336

Entity Name: INSURE AMERICA, LLC

FILED
Jul 11, 2008
Secretary of State

Current Principal Place of Business:

22 E MIFFLIN STREET STE 1000
MADISON, WI 53703

New Principal Place of Business:

Current Mailing Address:

22 E MIFFLIN STREET STE 1000
MADISON, WI 53703

New Mailing Address:

1039 ELLIS ST
ATTN: JULIE CURWEN
STEVENS POINT, WI 54481

FEI Number: 20-5668880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE. 4
WESTON, FL 33331 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: NOEL, JOHN M
Address: 1039 ELLIS STREET
City-St-Zip: POINT, WI 54481

Title: MGR () Delete
Name: NOEL, PATRICIA D
Address: 1039 ELLIS STREET
City-St-Zip: POINT, WI 54481

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: JOHN M. NOEL

MGR

07/11/2008

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