

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000005783

**FILED**  
**Mar 10, 2008**  
**Secretary of State**

**Entity Name:** MAXIM INSURANCE SOLUTIONS, LC LLC

**Current Principal Place of Business:**

110 EAST ASH ST.  
COLUMBIA, MO 65203

**New Principal Place of Business:**

110 EAST ASH ST.  
COLUMBIA, MO 65203 US

**Current Mailing Address:**

110 EAST ASH ST.  
COLUMBIA, MO 65203

**New Mailing Address:**

110 EAST ASH ST.  
COLUMBIA, MO 65203 US

**FEI Number:** 20-0563846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: MGRM ( ) Delete  
Name: GRIEBEL, JAY  
Address: 110 EAST ASH ST.  
City-St-Zip: COLUMBIA, MO 65203

Title: MGRM ( ) Delete  
Name: REIDY, MICHAEL  
Address: 423 WESTPORT RD SUITE 201  
City-St-Zip: KANSAS CITY, MO 64111

**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: JAY GRIEBEL

MGRM

03/10/2008

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