2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006756

RIDGELAND, MS 39157

City-St-Zip:

Entity Name: FRANCHISE INSURANCE SPECIALISTS, LLC

FILED Jan 08, 2008 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:	
	DLANDS PAR ND, MS 39157	KWAY, STE. 108		
Current Mailing Address:			New Mailing Address:	
	DLANDS PAR ND, MS 39157	KWAY, STE. 108		
FEI Number: 26-1098328		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1267 BÉRI	OHN D ESQ. KSHIRE LANE SPRINGS, FL	, STE. 200 34688 US		
	named entity e of Florida.	submits this statement for the	purpose of changing its registe	red office or registered agent, or both
SIGNATUR	RE:			
Electronic Signature of Registered Age			nt Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	SHELTON, STE	NDS PARKWAY, STE. 108	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CHEW, JOHN) Delete NDS PARKWAY, STE. 108 NS 39157	Title: Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address:	BOWEN, GRE) Delete 3 NDS PARKWAY, STE. 108	Title: Name: Address:	() Change () Addition

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.

City-St-Zip:

SIGNATURE: STEPHEN SHELTON MGR 01/08/2008