2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2009
Secretary of State

DOCUMENT# M08000003171

Entity Name: MWE INSURANCE AGENCY SERVICES, LLC

Current Principal Place of Business:

527 TOWN LINE ROAD STE 202
HEUPPAUGE, NY 11788

New Principal Place of Business:

527 TOWN LINE ROAD STE 202
HAUPPAUGE, NY 11788

Current Mailing Address:

527 TOWN LINE ROAD STE 202
HEUPPAUGE, NY 11788

New Mailing Address:

527 TOWN LINE ROAD STE 202
HAUPPAUGE, NY 11788

FEI Number: 04-3598104 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

CT 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: MGRM ( ) Delete
Name: HOCHHEISER, LEON J
Address: 527 TOWN LINE ROAD STE 202
City-St-Zip: HEUPPAUGE, NY 11788

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOCHHEISER, LEON J
Address: 527 TOWN LINE ROAD STE 202
City-St-Zip: HAUPPAUGE, NY 11788

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: LEON J HOCHHEISER MGRM 07/17/2009

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