2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# M99000000533

Entity Name: INSURED CHOICE, LLC

Current Principal Place of Business:

706 W. BOYNTON BEACH BLVD., STE. #110
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

706 W. BOYNTON BEACH BLVD., STE. #110
BOYNTON BEACH, FL 33426

New Mailing Address:

FEI Number: 84-1484771 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SISSOM, TROY
410 BELMONT PLACE
BOYNTON BEACH, FL 33436 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:	O	( ) Delete
Name:	SISSOM, TROY	
Address:	410 BELMONT PLACE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	MGR	( ) Delete
Name:	SISSOM, GINGER	
Address:	410 BELMONT PLACE	
City-St-Zip:	BOYNTON BEACH, FL 33436	
Title:	MGR	( ) Delete
Name:	COHEN, PAUL	
Address:	665 NE BENT PADDLE LN	
City-St-Zip:	PORT ST LUCIE, FL 34983	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: TROY SISSOM OWNR 04/30/2009

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