

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000533

Entity Name: INSURED CHOICE, LLC

**FILED**  
**May 05, 2012**  
**Secretary of State**

**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 ( )

**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  
Name: SISSOM, TROY  
Address: 410 BELMONT PLACE  
City-St-Zip: BOYNTON BEACH, FL 33436

Title: MGR  
Name: SISSOM, GINGER  
Address: 410 BELMONT PLACE  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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

OWNE

05/05/2012

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