

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000040971

**Entity Name:** STRATEGIC INSURANCE SERVICES, LLC**Current Principal Place of Business:**2727 ULMERTON RD. SUITE #300  
CLEARWATER, FL 33762**Current Mailing Address:**2727 ULMERTON RD. SUITE #300  
CLEARWATER, FL 33762**FEI Number:** 51-0574025**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEVI, DOUGLAS J  
2727 ULMERTON RD. SUITE #300  
CLEARWATER, FL 33762 US*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:** DOUGLAS J LEVI

02/25/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	LUDWIG, MICHAEL
Address	2727 ULMERTON ROAD SUITE 300
City-State-Zip:	CLEARWATER FL 33762

Title	S
Name	LUDWIG, MICHAEL
Address	2727 ULMERTON RD. SUITE #300
City-State-Zip:	CLEARWATER FL 33762

Title	MGR
Name	LEVI, DOUGLAS
Address	2727 ULMERTON ROAD SUITE #300
City-State-Zip:	CLEARWATER FL 33762

Title	T
Name	LEVI, DOUGLAS
Address	2727 ULMERTON ROAD SUITE #300
City-State-Zip:	CLEARWATER FL 33762

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS J. LEVI**OWNER**

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date