

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000079724

**Entity Name:** INSURANCE EXCHANGE OF AMERICA LLC

**Current Principal Place of Business:**

17100 COLLINS AVE  
208  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

17070 COLLINS AVE  
STE T266A  
SUNNY ISLES, FL 33160

**FEI Number:** 45-0765422

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REILLY, BRIAN  
17100 COLLINS AVE  
208  
SUNNY ISLES, FL 33160 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name REILLY, BRIAN  
Address 17100 COLLINS AVE  
208  
City-State-Zip: SUNNY ISLES FL 33160

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN REILLY

**MANAGING MEMBER**

**03/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date