

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000003004

Entity Name: NMP INSURANCE SERVICES, LLC

Current Principal Place of Business:

2491 W. SHAW AVE, STE. 101
FRESNO, CA 93711

Current Mailing Address:

2491 W. SHAW AVE, STE. 101
FRESNO, CA 93711

FEI Number: 27-3049559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name LORD, GARY
Address 2491 W. SHAW AVE, STE. 101
City-State-Zip: FRESNO CA 93711

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: GARY LORD

MANAGER

04/29/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date