RI SOS Filing Number: 200833691860 Date: 08/14/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
000160788	Insurance Quotes USA, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Florida	Insurance Quotes, Errors & Ommissions

5. Principal office address	City	State	Zip
800 Yamato Road, Suite 100	Boca Raton	FL	33431

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Andrew Smith	Manager

Street Address	City	State	Zip
800 Yamato Road, Suite 100	Boca Raton	FL	33431

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Andrew Smith	800 Yamato Road, Suite 100	Boca Raton	FL	33431

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
National Registered Agents, Inc.	222 Jefferson Boulevard, Suite 200	Warwick	02888

RECEIVED
2008 AUG 14 AM 10:30
SECRETARY OF STATE
CORPORATIONS DIV
[redacted]

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted] 000160788

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

08/08/08
Signature of Authorized Person *Date*

Andrew Smith
Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. AUG 14 2008 10978
By: By
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25060-6-213391

Form 632 Rev. 07/07