

No. W 185433	Due no later than Jun 30, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IVANTAGE INSURANCE SOLUTIONS LLC 2 OAKWOOD BLVD SUITE 125 HOLLYWOOD FL 33020		INCORPORATING SERVICES, LTD. 921 S ORCHARD ST STE G BOISE ID 83705				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name RICHARD DORFMAN	Street or PO Address 2 OAKWOOD BLVD SUITE 125	City HOLLYWOOD	State FL	Country USA	Postal Code 33020	
5. Organized Under the Laws of: FL W 185433	6. Annual Report must be signed.* Signature: Richard Dorfman Name (type or print): Richard Dorfman						Date: 05/15/2018 Title: President
Processed 05/15/2018	* Electronically provided signatures are accepted as original signatures.						