

No. W 185433		Due no later than Jun 30, 2018		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	RICHARD DORFMAN	2 OAKWOOD BLVD SUITE 125	HOLLYWOOD	FL	USA 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.			