| No. W 85696 | | Due no later than Jul 31, 2017 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------|--|--------------------------------------|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | AND AND AND ADDRESS OF THE PARTY OF THE PART | NATIONAL REGISTERED AGENTS INC | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. AMERICAN PROTECTION PLANS LLC RICHARD KAUFMAN 901 YAMATO ROAD 100E BOCA RATON FL 33431 | | 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Nai | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER RICHARD KAUFMAN | | 901 YAMATO ROAD SUITE 100E | BOCA RATON | FL | USA | 33431 | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| FL W 85696 | | Signature: Ric | | Date: 06/06/2017 | | | | |
| | | Name (type or | Title: Manager | | | | | |
| Processed 06/06/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |