

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90068 042 ***138.75

DOCUMENT # L00000009878					
1. Entity Name HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF SOUTH FLORIDA, L.L.C.					
Principal Place of Business 1900 GLADES ROAD SUITE 201 BOCA RATON, FL 33431			Mailing Address 1020 NORTH ORLANDO AVENUE SUITE 200 MAITLAND, FL 32751		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3667172	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JAMES, TERRY 1300 S. OSCEOLA AVE ORLANDO, FL 32806			Name <u>James, Terry L</u> Street Address (P.O. Box Number is Not Acceptable) <u>1830 ALAQUA LAKES BLVD.</u> City <u>Longwood</u> <u>FL</u> Zip Code <u>32779</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Terry L. James CEO</u>			DATE <u>1/22/08</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIBLEY, B. CRAIG 2035 KING ARTHUR CIRCLE MAITLAND, FL 32751		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JAMES, TERRY L 1300 S. OSCEOLA AVE ORLANDO, FL 32806		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition <u>1830 ALAQUA LAKES BLVD.</u> <u>Longwood, FL 32779</u>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.					
SIGNATURE: <u>Terry L. James CEO</u>			DATE <u>1/22/08</u> (407) 647-1616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

60003528



01182008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAMES, TERRY
1300 S. OSCEOLA AVE
ORLANDO, FL 32806

Name James, Terry L
Street Address (P.O. Box Number is Not Acceptable)
1830 ALAQUA LAKES BLVD.

City Longwood FL Zip Code 32779

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Terry L. James CEO DATE 1/22/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
SIBLEY, B. CRAIG
2035 KING ARTHUR CIRCLE
MAITLAND, FL 32751

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JAMES, TERRY L
1300 S. OSCEOLA AVE
ORLANDO, FL 32806

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: Terry L. James CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 1/22/08 (407) 647-1616
Daytime Phone #