

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90013 027 \*\*\*138.75

DOCUMENT # M04000000125

1. Entity Name  
COLEMONT INSURANCE BROKERS OF ILLINOIS LLC



Principal Place of Business  
300 SOUTH WACKER DR #900  
CHICAGO, IL 60606

Mailing Address  
300 SOUTH WACKER DR #900  
CHICAGO, IL 60606

**50006224**



04282008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0335185

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	KELLER, JOY
STREET ADDRESS	5910 N CENTRAL EXPWAY SUITE 400
CITY-ST-ZIP	DALLAS, TX 75206
TITLE	MGR
NAME	STEVOFF, DAVID B
STREET ADDRESS	300 SOUTH WACKER DR #900
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	MGR/LFO
NAME	Robert Matamoros
STREET ADDRESS	5910 N. Central Expressway Ste 400
CITY-ST-ZIP	Dallas, TX 75206
TITLE	MGR
NAME	Kris Bostick
STREET ADDRESS	5910 N. Central Expressway Ste 400
CITY-ST-ZIP	Dallas, TX 75206
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Kris Bostick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/08

Date

Daytime Phone #