

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L00000004957**

1. Entity Name  
**TRANSPORTATION INSURANCE MANAGEMENT &  
SERVICES, LLC**



Principal Place of Business

**99 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931**

Mailing Address

**99 N. ATLANTIC AVE.  
COCOA BEACH, FL 32931**



04092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3648350**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, ROBERT  
99 N. ATLANTIC AVENUE  
COCOA BEACH, FL 32931**

**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

**Filing Fee is \$50.00  
Due by May 1, 2007**

1100000707261  
04/24/07-80068-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
STAZZONE, JOSEPH  
99 NORTH ATLANTIC AVE  
COCOA BEACH, FL 32931**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
WILLIAMS, ROBERT  
99 NORTH ATLANTIC AVE  
COCOA BEACH, FL 32931**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ONARO, JAMES  
116 JOHN ROBERT THOMAS DR.  
EXTON, PA 19341**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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:**

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

Date

Daytime Phone #

*James D. Onaro*

4/11/07