

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90025 034 ****50.00

DOCUMENT # L00000005878

1. Entity Name
STATE INSURANCE, LLC.



Principal Place of Business

**13402 PEACE BLVD
SPRING HILL FL 34610**

Mailing Address

**13402 PEACE BLVD
SPRING HILL FL 34610**

2. Principal Place of Business

13436 US Highway 19

Suite, Apt. #, etc.

3. Mailing Address

13436 US Highway 19

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Hunson, FL

City & State

Hunson, FL

4. FEI Number **59-3652465**

Applied For

Not Applicable

Zip

34667

Country

PR 500

Zip

34667

Country

PR 500

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HADLICK, WILLIAM
13402 PEACE BLVD
SPRING HILL FL 34610**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **HADLICK, WILLIAM**
STREET ADDRESS **13402 PEACE BLVD**
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE **MGRM** ☐ Delete
NAME **HADLICK, JOYCE**
STREET ADDRESS **13402 PEACE BLVD**
CITY-ST-ZIP **SPRING HILL FL 34610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **WILLIAM HADLICK**

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

3/19/03 727-869-7900

Date

Daytime Phone #

CR2E083 (10/02)