07/08/03 11:59 FAX 8132298313 FOWLER WHITE TAM 003

L00000006681

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006681

FILED
2003 AUG -8 PM 3:41
SECRETARY OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

MASON & CREWS INSURANCE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3908 DANA SHORES DR.	3908 DANA SHORES DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33634 Country: USA	Zip: 33634 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3650200 ☐ Applied For ☐ Not Applicable

6. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: REGINALD G. MASON, III

Street Address (P.O. Box Number is Not Acceptable): 3908 DANA SHORES DRIVE

City: TAMPA FL Zip Code: 33634

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.

X SIGNATURE (Signature, typed or printed name of registered agent and title if applicable) DATE

500021382825
07/08/03--01042--001 **50.00

FILING FEE: $200.00
Make Check Payable to: Florida Department of State
DUE BY MAY 1

900022178019
07/08/03--01071--001 **200.00

9. MANAGING MEMBERS / MANAGERS

TITLE	~~MGR~~ MGRM
NAME	MASON, REGINALD G.
STREET ADDRESS	3908 DANA SHORES DRIVE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

2001-08

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.

X SIGNATURE: 7/7/03 813-885-5932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #