4/5/01 954-771-3200 Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

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

DOCU	JMENT	# 1.0000	\bigcap	 07737		-]			•				ξ
DOCUMENT # L0000007737 1. Entity Name KERKER CASUALTY, L.L.C.								FILED							2
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Principal Place of Business 5900 NORTH ANDREWS AVENUE. SUITE 200 FORT LAUDERDALE FL 33309				Mailing Address 5900 NORTH ANDREWS AVENUE. SUITE 200 FORT LAUDERDALE FL 33309				SECRETARY OF STATE TALLAHASSEE. FLORIDA							
2. Principal Place of Business				3. Mailing Address								i ii i	16113	())() (00) (35)	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					Ε	OO NOT WI	RITE IN TH	IS SPACE			
City & State				City & State				4. FEIN	lumber -102301	.0		F		plied For t Applicable	7
Zip	. '	Country	Zij	ρ	Coun	try	-	-5. Certii	ficate of Stat	tus Desired	· 🗀 -	\$5.00 Fee Rec	Addi quired	itional	
	6. Name	and Address of Current	Registe	red Agent	-	Name		7. Name	and Addre	ess of New	Registere	d Agent			-
KERKER,	, IRA P						pet Address (P.O. Box Number is Not Acceptable)						4		
5900 NORTH ANDREWS AVENUE, SUITE 20				0				O. BOX N	Uniber is inc	- Acceptat					}
FORT LA	NUDERDALE	FL 33309							<u> </u>						
						City					F	L Zip	Code	· 	
8. The above	e named entity	y submits this statement for	r the pur	rpose of changing its r	egistere	ed office o	r registere	ed agent, o	or both, in th	e State of F	lorida.				
SIGNATURE														· 	
	Signature, typed	or printed name of registered agent a	and title if a	policable. (NOTE:	Registered	d Agent signal	ture required	when reinstati	ng)		DAT	Ē			J
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				FILE NO Make Check Pay				State	000	-04/2	20/01-	486 -01038	}{)28	
9.		MANAGING MEMBE	RS/ME	Make Check Pay			lment of			-04/2	20/01− •*50.0	-01038 0 ***	}{		
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