## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000008743**

1. Entity Name

BROKERS INSURANCE, LLC

Principal Place of Business

241 S WESTMONTE DRIVE

SUITE 1030

ALTAMONTE SPRINGS, FL 32714

Mailing Address

241 S. WESTMONTE DR.

STE. 1030

ALTAMONTE SPRINGS, FL 32714

## FILED Mar 20, 2008 8:00 am Secretary of State

03-20-2008 90179 043 \*\*\*138.75



02052008 No Chg-LLC

CR2E083 (12/07)

 4. FEI Number
 Applied For

 59-3660809
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHAN, REINHARD G 241 S. WESTMONTE DR., STE. 1000 ALTAMONTE SPRINGS, FL 32714

## DO NOT WRITE IN THIS SPACE

SIGNATURE.		
<del></del>	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent eignature required when reinstating) DATE
FILE After May	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	BERNSTEIN, MIKE	
STREET ADDRESS	241 S WESTMONTE DR., STE. 1030	•
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		
NAME		
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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: Chi

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JRE: Michael Gernylein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-20-08

407-172-3330

Daytime Phone #