03 APR -8 PM 1:59

## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000011925

1. Entity Name

PUBLIC ACCESS INSURANCE, LLC



1 OULIO A	COLGO INCOTINIOE, EEO	•		SECRETARY OF STATE TALL AHASSEE, FUORIDA
Principal Place of Business 3710 NW 53RD STREET BOCA RATON FL 33496		Mailing Address 3710 NW 53RD STREET BOCA RATON FL 33496	······································	A GIMB BIT (Jacobin 4-2)
2. Principal P	lace of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 65-1055592 Applied For
Zip	Country	Zip	Country	Not Applicable     S. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered Agent
Name				3
SCHLESINGER, LES 3710 NW 53RD STREET BOCA RATON FL 33496			Street	t Address (P.O. Box Number is Not Acceptable)
			.	1
			City	FL Zip Code
the obligat	named entity submits this statement ions of registered agent.	for the purpose of changing its r	egistered office	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent sign	nature required when reinstating) DATE
		Make Check Payable	W!!! FEE IS to Florida De By May 1, 20	Department of State 13/13-1111/5021 **50 00
9.		BERS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP SCHESINGER, LES 3710 NW 53RD STREET BOCA RATON FL 33496	☐ Delete	TITLE MC NAME Th STREET ADDRESS CITY-ST-ZIP	GR (Please See Attached) Change Maddition homas E. Mangold 4450 Sojourn Dr. Ste 500 Addison, Texas 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M. Sean McPadden 4450 Sojourn Dr. Ste 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE MGR NAME MGR STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	Stephen W. Brandt Change Maddition  S 4450 Sojourn Dr. Ste 500
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE MGR NAME STREET ADDRESS CITY-ST-ZIP	4450 0 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME MGR STREET ADDRESS CITY-ST-ZIP	Charles D. Arrambride  Change Addition

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED THE PRINTED NAME OF S

## Public Access Insurance, LLC Managers (continued)

Title

Name

Street Address

City-State-Zip

Change/Addition

MGR

David B.

4450 Sojourn Dr. Ste. 500

Addison, Texas 75001

Addition

Snyder