

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90135 016 \*\*\*\*\*50.00

DOCUMENT # L00000015169



1. Entity Name  
SERVICE FIRST INSURANCE PROFESSIONALS, LLC

Principal Place of Business  
8860 TERRENE COURT, BUILDING B  
BONITA SPRINGS, FL 34134

Mailing Address  
8860 TERRENE COURT, BUILDING B  
BONITA SPRINGS, FL 34134

24063735



2. Principal Place of Business  
8860 Terrene Ct  
Suite, Apt. #, etc.

3. Mailing Address  
8860 Terrene Ct  
Suite, Apt. #, etc.

04022004 Chg-LLC CR2E083 (10/03)

City & State  
Bonita Springs FL

City & State

4. FEI Number  
59-3685616

Applied For  
Not Applicable

Zip  
34135

Country

Zip  
34135

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

HOLCOMBE, THOMAS H.G.  
8860 TERRENE CT.  
BONITA SPRINGS, FL 34135

## 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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HOLCOMBE, THOMAS H.G.  
STREET ADDRESS 1934 TIMBERLINE DR.  
CITY-ST-ZIP NAPLES, FL 34109 ☐ Delete

TITLE MGRM  
NAME RYBA, MICHAEL F  
STREET ADDRESS 2169 45TH TERRACE  
CITY-ST-ZIP NAPLES, FL 34116 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE Secretary  
NAME Delinda Zdvich  
STREET ADDRESS 24311 Claire St  
CITY-ST-ZIP Bonita Springs, FL 34135 ☐ Change ☒ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Thomas H.G. Holcombe*

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

4/30/04

Date

2398492900

Daytime Phone #