

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90252 034 ****50.00

DOCUMENT # L00000015547

1. Entity Name

INSURANCE INDUSTRY PARTNERS, L.C.



Principal Place of Business

**600 NORTH PINE ISLAND RD., SUITE 400
PLANTATION FL 33324**

Mailing Address

**600 NORTH PINE ISLAND RD., SUITE 400
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1065420

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, WILLIAM B
-215 S. MONROE ST., STE 600
TALLAHASSEE FL 32301**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **RENFRO, TIM A**
STREET ADDRESS **2945 SURREY LN**
CITY-ST-ZIP **WESTON FL 33331**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Bill Latta**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **Greg Hudson**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **William Van Meter**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☐ Change ☒ Addition
NAME **Richard Duer**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGRM** ☐ Change ☒ Addition
NAME **Vince Berta**
STREET ADDRESS **600 N. Pine Island Rd, Ste 400**
CITY-ST-ZIP **Plantation, FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED

4/21/03

954-577-2200

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

Date

Daytime Phone #

CR2E083 (10/02)