

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000000950

FILED
Mar 05, 2002 8:00 AM
Secretary of State

Entity Name: TRIP INSURANCE USA, LLC

Current Principal Place of Business:

215 85TH AVE #3
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

215 85TH AVE #3
TREASURE ISLAND, FL 33706

New Mailing Address:

FEI Number: 59-3694434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARVEY, CHRIS
215 85TH AVE #3
TREASURE ISLAND, FL 33706

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HARVEY, CHRIS P
Address: 215 85TH AVENUE #3
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRIS HARVEY

MGR

03/05/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date