

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90312 038 ****50.00

DOCUMENT # L01000001436

1. Entity Name

DUNLAP P & C ACTUARIAL SERVICES, L.L.C.



Principal Place of Business

Mailing Address

**660 E. JEFFERSON STREET
TALLAHASSEE FL 32301**

**660 E. JEFFERSON STREET
TALLAHASSEE FL 32301**

2. Principal Place of Business

1882 Capital Circle NE

3. Mailing Address

1882 Capital Circle NE

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Tallahassee, FL

City & State

Tallahassee, FL

Zip

32308

Country

USA

Zip

32308

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3697122**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BREWSTER, JAMES R
547 N. MONROE STREET, SUITE 203
TALLAHASSEE FL 32301**

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 **James R Brewster, Attorney**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/03

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM**
NAME **DUNLAP, GEORGE T IV**
STREET ADDRESS **9812 THUNDER HILL TRAIL**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **George T. Dunlap IV**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/9/03 850 222-9913

Date

Daytime Phone #

CR2E083 (10/02)