

5/7.

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Jun 06, 2002 8:00 am
Secretary of State

05-07-2002 90374 038 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000002311

1. Entity Name

PARTNERSHIP INSURANCE GROUP, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5255 N. Federal Highway

Suite, Apt. #, etc.

Second Floor

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

3. Mailing Address

5255 N. Federal Highway

Suite, Apt. #, etc.

Second Floor

City & State

Boca Raton, FL

Zip

33487

Country

Palm Beach

4. FEI Number

65-1092227

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name Steven Serle, P.A.

Street Address (P.O. Box Number is Not Acceptable)

6070 N. Federal Highway

City

Boca Raton

FL

Zip Code
33487

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lisiewski, Martin E. 6070 N. Federal Highway Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Serle, Steven 6070 N. Federal Highway Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Korth, Kara 5255 N. Federal Highway Boca Raton, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:

MGRM

April 9, 2002

561-912-3500

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

Date

Daytime Phone #

Steven Serle, Managing Member

CR2E083B (12/01)