

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003820

FILED
Feb 07, 2005
Secretary of State

Entity Name: LES WINSTON INSURANCE AGENCY LLC

Current Principal Place of Business:

11975 WEST DIXIE HWY.
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

11975 WEST DIXIE HWY.
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1103114 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WINSTON, LESLEY
11975 W. DIXIE HIGHWAY
NORTH MIAMI, FL 33161 US

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: MGRM () Delete
Name: WINSTON, LESLEY
Address: 11975 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESLEY WINSTON

MGRM

02/07/2005

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