

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90138 011 ****50.00

DOCUMENT # **L 01000006696**
1. Entity Name
COMMONWEALTH INSURANCE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4175 Woodlarks Pkwy
Suite, Apt. #, etc.
City & State
Palm Harbor, FL
Zip
34685 Country
US

3. Mailing Address
Suite, Apt. #, etc.
SAME
City & State
Zip Country

4. FEI Number
65-1096740
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

970977

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
JEFF LEDBETTER
Street Address (P.O. Box Number is Not Acceptable)
4175 Woodlarks Pkwy
City
Palm Harbor FL Zip Code
34685

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
MANAGER	JEFF LEDBETTER	4175 Woodlarks Pkwy	Palm Harbor, FL 34685
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

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IN THIS SPACE**

1. 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: **JEFF LEDBETTER, MGR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #