

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

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90325 034 ****50.00

DOCUMENT # L01000017793

1. Entity Name

NORTH AMERICAN INSURANCE EXCHANGE LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3000 N. PALM AVE DR

Suite, Apt. #, etc.

SUITE 207

CITY & STATE
POMPANO BEACH, FL

3. Mailing Address

3000 N. PALM AVE DR.

Suite, Apt. #, etc.

SUITE 207

CITY & STATE
POMPANO BEACH, FL

Zip

33069

Country

BROWARD

Zip

33069

Country

BROWARD

4. FEI Number

651150090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DOUGLAS JUIFFRE

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

3000 N. PALM AVE DR., SUITE 207

CITY & STATE
POMPANO BEACH FL

Zip Code

33069

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

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

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DOUGLAS JUIFFRE
3000 N. PALM AVE DR, SUITE 207
POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/02)

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:

DJE

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

2/13/03

954-532-4000

Date

Daytime Phone #