

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90495 019 ****50.00

DOCUMENT # L01000020666

1. Entity Name
MULL & ASSOCIATES INSURANCE SOLUTIONS, LLC



Principal Place of Business
**91760 OVERSEAS HIGHWAY
TAVERNIER, FL 33070**

Mailing Address
**P.O. BOX 1406
TAVERNIER, FL 33070**

24034382

2. Principal Place of Business

3. Mailing Address

91760 Overseas Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tavernier, FL

Zip

Country

Zip

Country

33070

USA

02112004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

52-2364692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MULL, PATRICIA B
91760 OVERSEAS HWY
TAVERNIER, FL 33070**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MULL, PATRICIA B
91760 OVERSEAS HWY
TAVERNIER, FL 33070** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

3-31-04

305-852-4833