

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

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90151 035 *****55.00

DOCUMENT # L01000021508

1. Entity Name

FIRST AMERICAN EAGLE NINE INSURANCE AGENCY I, LL

DO NOT WRITE IN THIS SPACE

826560

2. Principal Place of Business

2075 Centre Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tallahassee FL

City & State

4. FEI Number

59-3757496

Applied For

Not Applicable

Zip

32308

Country

USA

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

John T. La Joie

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

2075 Centre Pointe Blvd.

City

Tallahassee

FL

Zip Code

32308

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IN THIS SPACE**

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**

MGR
Michael W. Conway
2075 Centre Pointe Blvd.
Tallahassee, FL 32308

**TITLE
NAME**

**STREET ADDRESS
CITY-ST-ZIP**

**TITLE
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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:

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

Date

Daytime Phone #

CR2E083B (12/01)