

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002849

FILED
Feb 04, 2004
Secretary of State

Entity Name: PENINSULA INSURANCE & FINANCIAL SERVICES, LLC

Current Principal Place of Business:

16150 SUNSET PINES CIR
BOCA GRANDE, FL 33921

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 363
PLACIDA, FL 33943

New Mailing Address:

FEI Number: 46-0476235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BATSEL, C. GUY
16150 SUNSET PINES CIR
BOCA GRANDE, FL 33921

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: BATSEL, C. GUY
Address: 16150 SUNSET PINES CIR
City-St-Zip: BOCA GRANDE, FL 33921

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: BATSEL, DEBORAH J
Address: 3317 GOLDFINCH LANE
City-St-Zip: ENGLEWOOD, FL 34224

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: C. GUY BATSEL

MGRM

02/04/2004

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