

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006516

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** NATIONAL INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

1500 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

**Current Mailing Address:**

1500 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 02-0565782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POHL & SHORT, PA  
280 W. CANTON AVE STE 410  
WINTER PARK, FL 32790 US

**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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SCHANK, GEORGE L  
Address: 1500 TOWN PLAZA COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: GEORGE L SCHANK

MGRM

04/30/2007

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