

FILED
May 27, 2003 8:00 am
Secretary of State

04-14-2003 90752 026 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000011044			
1. Entity Name KISS INSURANCE MARKETING, LLC			
Principal Place of Business 4700 SHERIDAN STREET BUILDING J HOLLYWOOD FL 33021		Mailing Address 4700 SHERIDAN STREET BUILDING J HOLLYWOOD FL 33021	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 43-1971767		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NATELSON, GERALD B 4700 SHERIDAN STREET BUILDING J HOLLYWOOD FL 33021		7. Name and Address of New Registered Agent	
		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Delete	
STREET ADDRESS	CITY-ST-ZIP		
10. ADDITIONS/CHANGES			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS	CITY-ST-ZIP		
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 808, Florida Statutes.			
SIGNATURE: <u><i>[Signature]</i></u> REQUIRED 04-09-03 954 964 8422			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

44002568



☐ CHECK HERE IF MAKING CHANGES

CR2003 (10/02)