

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000011512

FILED  
May 06, 2005  
Secretary of State

**Entity Name:** THEINSURANCEADVISOR FOR ACCOUNTANTS, LLC

**Current Principal Place of Business:**

1301 W. FLETCHER AVENUE  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

1301 W. FLETCHER AVENUE  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 04-3673526      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WOLFE, RANDOLPH J  
100 NORTH TAMPA ST., STE. 2700  
TAMPA, FL 33602      US

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: FLAGG, BARRY D  
Address: 1301 W. FLETCHER AVENUE  
City-St-Zip: TAMPA, FL 33612

**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 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: BARRY D. FLAGG

MGRM

05/06/2005

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