# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000026915

1. Entity Name
**TOTAL INSURANCE SOLUTIONS, LLC**

FILED
2003 MAY -7 PM 2:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 1560 NORTH ORANGE AVENUE STE. 750<br>WINTER PARK, FL 32789 | 1560 NORTH ORANGE AVENUE STE. 750<br>WINTER PARK, FL 32789 |

XX CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1560 ORANGE AVENUE | 1560 ORANGE AVENUE |
| Suite, Apt. #, etc.<br>SUITE 750 | Suite, Apt. #, etc.<br>SUITE 750 |
| City & State<br>WINTER PARK, FL | City & State<br>WINTER PARK, FL |
| Zip: 32789 Country: USA | Zip: 32789 Country: USA |

4. FEI Number: 05-0535546 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NEUKAMM, MICHAEL E<br>301 E. PINE STREET STE. 1400<br>ORLANDO, FL 32801 | Name<br>Street Address (P.O. Box Number Is Not Acceptable)<br>City FL Zip Code |

900018948169
05/14/03--01070--015 **$50.00**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>RONALD F. SELLERS<br>1560 ORANGE AVE., STE 750<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>CHRISTOPHER B.GARDNER<br>1560 ORANGE AVE., STE. 750<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>BENJAMIN L. SELLERS<br>1560 ORANGE AVE., STE. 750<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>JOHN M. KUYKENDALL<br>1560 ORANGE AVE., STE. 750<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>JAMES ROBERT KUYKENDALL<br>1560 ORANGE AVE., STE. 750<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>RICHARD LARUE<br>1560 ORANGE AVE., STE. 750<br>WINTER PARK, FL 32789 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E083 (10/02)

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:** _____ 4/30/03 407-629-4889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date Daytime Phone #