2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 19, 2003 8:00 am Secretary of State

DOCUMENT # LO2000028841 1. Entity Name AGOSTINO INSURANCE AGENCY, LLC				05-19-2003 90070 009 ****50.00			
Principal Place of Business N	lailing Address		1			-	
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620 42 FOOT I MUDGODANE EL 20224	* \/			.,	•		
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	Mailing Address						
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Zip Country	Zip C	ountry	5. Certificate	of Status Desired	□ \$5.00 Ad		7
33071 BROWARD		ROLARD			Fee Require	ed	_
6. Name and Address of Current Regis	sered Agent	Name //		Address of New R	9.00		┦
NADEL HOWARD		- 17		16-0-5-77	NO		
800 CORPORATE DRIVE		Street Address (I		r is Not Acceptable)	PACE BLL	B	
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FOR CHORENDALE IL SOUN	-	City			Zip Cod	8	1
		City Core	94-SPK	1295		07/	4
The above named entity submits this statement for the the obligations of registered agent	ourpose of changing its regist	tered office or register	ed agent, or both	n, in the State of Flo	ida. I am familiar with,	and accept	l
SIGNATURE AS CO	A.				5/15/0-	?	}
SIGNATURE Signature, typed or printed name of registered approach title	r applicable: (NOTE: Regis	itered Agent signature required	when reinstating)		SATE		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State							
	Due By	May 1, 2003	1				
9. MANAGING MEMBERS/N	777	0.		ADDITIONS/			
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this report is frue 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							
timited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
Landa Grieg	re de ville	in .	_ر	11		}	
SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNATURE MANAGER ON AUTHORIZED REPRESENTATIVE							