

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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05-19-2003 90070 009 ****50.00

DOCUMENT # L02000028841

1. Entity Name

AGOSTINO INSURANCE AGENCY, LLC



Principal Place of Business

Mailing Address

**800 CORPORATE DRIVE
420
FORT LAUDERDALE FL 33334**

**800 CORPORATE DRIVE
420
FORT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

**12341 N EAGLE TRACE BLVD
Suite, Apt. #, etc.**

**12341 N EAGLE TRACE BLVD
Suite, Apt. #, etc.**

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

CORAL SPRINGS, FL

CORAL SPRINGS, FL

4. FEL Number

Applied For

81-0589293

Not Applicable

Zip

Country

Zip

Country

33071

BRUNSWICK

33071

BRUNSWICK

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

**NADEL, HOWARD B.
800 CORPORATE DRIVE
420
FORT LAUDERDALE FL 33334**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

PAUL AGOSTINO

12341 N EAGLE TRACE BLVD

CORAL SPRINGS, FL

33071

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)

5/15/03

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
PAUL AGOSTINO
12341 EAGLE TRACE BLVD
CORAL SPRINGS, FL 33071**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

5/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)