

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90080 030 ***55.00

DOCUMENT # L02000028954

1. Entity Name
SZ INSURANCE SERVICES, LLC



Principal Place of Business
**C/O JAMES W. GOODWIN, ESQ.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602**

Mailing Address
**C/O JAMES W. GOODWIN, ESQ.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602**

2. Principal Place of Business
1152 SW Business Pointe Dr

3. Mailing Address
3102 West End



04082004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

900

City & State
Lake City, FL

City & State
Nashville, TN

4. FEI Number
05-0545228

Applied For
☐ Not Applicable

Zip
32025

Country
US

Zip
37203

Country
US

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

6. Name and Address of Current Registered Agent

**GOODWIN, JAMES W
400 NORTH TAMPA STREET, SUITE 2300
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 Pine Island Road
City **Plantation** FL Zip Code **33324**

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 *Curt Kreisel* **Curt Kreisel, Asst. Secretary** **4-27-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
NAME **HAYES, TIMOTHY J**
STREET ADDRESS **400 N. TAMP ST., STE 2300**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **MGR** ☒ Delete
NAME **HAYES, SHERILYN J**
STREET ADDRESS **400 N. TAMP ST., STE 2300**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **D/P/CEO** ☐ Change ☒ Addition
NAME **Dave E. Garner**
STREET ADDRESS **3102 West End Ave #900**
CITY-ST-ZIP **Nashville, TN 37203**

TITLE **D/V** ☐ Change ☒ Addition
NAME **Paul Stone**
STREET ADDRESS **3102 West End Ave #900**
CITY-ST-ZIP **Nashville, TN 37203**

TITLE **V** ☐ Change ☒ Addition
NAME **Chad Carlson**
STREET ADDRESS **3102 West End Ave #900**
CITY-ST-ZIP **Nashville, TN 37203**

TITLE **T** ☐ Change ☒ Addition
NAME **Craig Jantzi**
STREET ADDRESS **3102 West End Ave #900**
CITY-ST-ZIP **Nashville, TN 37203**

TITLE **S** ☐ Change ☒ Addition
NAME **Terrence Leve**
STREET ADDRESS **3102 West End Ave #900**
CITY-ST-ZIP **Nashville, TN 37203**

TITLE ☐ Change ☐ Addition
NAME
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 608, Florida Statutes.

SIGNATURE: *Craig Jantzi*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #