

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0017162

DOCUMENT # L02000034603

1. Entity Name

JOE O'CONNELL INSURANCE LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

Principal Place of Business

6027 WEST TAMPA PALMS BLVD.
TAMPA FL 33647

Mailing Address

16027 WEST TAMPA PALMS BLVD.
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

16005 Tampa Palms Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Zip

Country

Zip

Country

33647

US

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

Name

Joseph O'Connell

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

6810 Front st

City

Key West FL

FL

Zip Code

33040

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

11/1/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MOST, ROBERT
STREET ADDRESS 16027 WEST TAMPA PALMS BLVD.
CITY-ST-ZIP TAMPA FL 33647

TITLE
NAME
STREET ADDRESS 16005 W. Tampa Palms Blvd.
CITY-ST-ZIP Tampa, Florida 33647

TITLE
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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: Robert Most SIGNATURE REQUIRED

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

11/3/03

813-979-4854

Date

Daytime Phone #

CR2E083 (4/03)

NEW STATEMENT