

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000003132**

1. Entity Name  
E-INS, LLC



Principal Place of Business  
11001 ROOSEVELT BLVD  
SUITE 1400  
ST. PETERSBURG, FL 33716

Mailing Address  
805 EXECUTIVE CENTER DR W  
SUITE 300  
ST. PETERSBURG, FL 33702



02192008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0765428

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AUER, JOHN F  
805 EXECUTIVE CENTER DR W  
SUITE 300  
ST. PETERSBURG, FL 33702

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	AUER, JOHN F
STREET ADDRESS	805 EXECUTIVE CENTER DR W
CITY-ST-ZIP	SAINT PETERSBURG, FL 33702
TITLE	P
NAME	VINCENT, LYLE R
STREET ADDRESS	11001 ROOSEVELT BLVD, SUITE 1400
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	VP
NAME	POSTIER, MARK
STREET ADDRESS	11001 ROOSEVELT BLVD, SUITE 1400
CITY-ST-ZIP	ST PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000852189  
03/26/08-80017-025 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/3/2008

821-8765