## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L03000004027

LIFSEY INSURANCE, LLC



Principal Place of Business

2430 ESTANCIA BLVD STE 100A

CLEARWATER, FL 33761 US

Mailing Address

P.O. BOX 16433

CLEARWATER, FL 33768-6433 US

## **FILED** Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90053 025 \*\*\*\*50.00

COULTION



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1443842

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET **SUITE 2100** TAMPA, FL 33602

## DO NOT WRITE IN THIS SPACE

	•			
8. The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	iging its registered offic	be or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE.	•		•	
			legistered Agent signature required when reinstating) DATE	
Fi D	ling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			, to a suppose the contract of
TITLE NAME STREET ADDRESS CHY-SI-ZIP	MGRM JULIAN H LIFSEY TRUST DTD SEPTEMBER 2430 ESTANCIA BLVD STE 100A CLEARWATER, FL 33761			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TIFLE NAME STREET ADDRESS CITY ST-ZIP			DO NO	r write
TITLE NAME STREET AUDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				,
TITLE NAME STREET ADORESS			•	

11. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1507

127-791-9199

BIONDI-ShanNON, TRUSTEE