

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008360

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** THE OSCEOLA COUNTY INSURANCE GROUP OF RICHARD J GIONFRIDDO INSURANCE SERVICES LLC

**Current Principal Place of Business:**

3277 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

3255 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746

**Current Mailing Address:**

3277 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746

**New Mailing Address:**

3255 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746

FEI Number: 57-1154231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIONFRIDDO, RICHARD J  
3277 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746 US

**Name and Address of New Registered Agent:**

GIONFRIDDO, RICHARD J  
3255 S JOHN YOUNG PARKWAY  
KISSIMMEE, FL 34746 US

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.

SIGNATURE:

01/05/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GIONFRIDDO, RICHARD J  
Address: 3277 S JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GIONFRIDDO, RICHARD J  
Address: 3255 S JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR ( ) Change (X) Addition  
Name: GIONFRIDDO, SHIRLEY A  
Address: 3255 S JOHN YOUNG PARKWAY  
City-St-Zip: KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHIRLEY A GIONFRIDDO

MGR

01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date