

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90043 033 ****50.00

DOCUMENT # L03000018591

1. Entity Name
SOUTHERNMOST UNDERWRITERS, L.L.C.



Principal Place of Business
**1008 NW 1ST AVENUE
HOMESTEAD, FL 33030**

Mailing Address
**1008 NW 1ST AVENUE
HOMESTEAD, FL 33030**

24053910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04212004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

20-011 3375

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HAZARD, ANTHONY
1008 NW 1ST AVENUE
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME HAZARD, ANTHONY
STREET ADDRESS 1008 NW 1ST AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE MGRM ☒ Delete
NAME TRUJILLO, BENJAMIN
STREET ADDRESS 1008 NW 1ST AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33030

TITLE MGRM ☐ Delete
NAME FAGUNDO, ESTEBAN
STREET ADDRESS 1008 NW 1ST AVENUE
CITY-ST-ZIP HOMESTEAD, FL 33030

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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:

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

Date

Daytime Phone #

4/23/04 205 247-4004