

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90135 015 ****50.00

DOCUMENT # L03000026882

1. Entity Name
HOROWITZ INSURANCE OF BONITA, LLC



Principal Place of Business
8860 TERRENE CT
BONITA SPRINGS, FL 34135

Mailing Address
8860 TERRENE CT
BONITA SPRINGS, FL 34135

24063736



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number **83-0365562**

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

7. Name and Address of New Registered Agent

HOLCOMBE, THOMAS H.G.
8860 TERRENE CT
BONITA SPRINGS, FL 34135

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

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME HOLCOMBE, THOMAS H.G.
STREET ADDRESS 1934 TIMBERLINE DR
CITY - ST - ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE MGR ☐ Delete
NAME NORIOT-HOLCOMBE, ANNE
STREET ADDRESS 1934 TIMBERLINE DR
CITY - ST - ZIP NAPLES, FL 34109

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
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CITY - ST - ZIP

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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

4/30/04 239 9492900

Date

Daytime Phone #