

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026882

FILED
May 01, 2006
Secretary of State

Entity Name: HOROWITZ INSURANCE OF BONITA, LLC

Current Principal Place of Business:

8860 TERRENE CT
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

8860 TERRENE CT
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 83-0365562 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOLCOMBE, THOMAS H.G.
Address: 1934 TIMBERLINE DR
City-St-Zip: NAPLES, FL 34109

Title: MGR () Delete
Name: NORIOT-HOLCOMBE, ANNE
Address: 1934 TIMBERLINE DR
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: THOMAS HG HOLCOMBE

MGR

05/01/2006

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