

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**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**



02012007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**83-0365562**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>HOLCOMBE, THOMAS H.G.</b>
<b>STREET ADDRESS</b>	<b>1934 TIMBERLINE DR</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES, FL 34109</b>
<b>TITLE</b>	<b>MGR</b>
<b>NAME</b>	<b>NORIOT-HOLCOMBE, ANNE</b>
<b>STREET ADDRESS</b>	<b>1934 TIMBERLINE DR</b>
<b>CITY-ST-ZIP</b>	<b>NAPLES, FL 34109</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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02/13/07-80042-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing 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.**

**SIGNATURE:**

*Thomas H.G. Holcombe* **Thomas Holcombe**

**2/1/2007**

**239-849-2900**

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

Date

Daytime Phone #