

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 11, 2006 8:00 am
Secretary of State

08-11-2006 90090 023 ****50.00

DOCUMENT # L03000028937 1. Entity Name KLGN INSURANCE GROUP, L.L.C.					
Principal Place of Business 17901 NORTHWEST 5TH STREET SUITE 207 PEMBROKE PINES, FL 33029			Mailing Address 17901 NORTHWEST 5TH STREET SUITE 207 PEMBROKE PINES, FL 33029		
2. Principal Place of Business 18503 Pines Blvd.			3. Mailing Address PO Box 823237		
Suite, Apt. #, etc. Suite 302			Suite, Apt. #, etc. 		
City & State Pembroke Pines, FL			City & State Pembroke Pines, FL		
Zip 33029		Country USA		Zip 33082	
Country USA		4. FCI Number 16-1680692			
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TILLEY, MICHAEL R 2000 GLADES ROAD SUITE 306 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: 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 of Registered Agent or authorized representative of the Registered Agent					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	P RIORDAN, GREGORY J 11852 RIDGEVIEW DRIVE DAVIE, FL 33330		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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: _____			8/2/06 954.441.5524		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					