

2004
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

FILED
 04 JAN -9 PM 12:08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L03000033018
 1. Entity Name
 SEMANATE AND ASSOCIATES INSURANCE
 AGENCY LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12766 N.W. 6th Lane Suite, Apt. #, etc.		3. Mailing Address 12766 N.W. 6th Lane Suite, Apt. #, etc.	
City & State Miami, FL		City & State Miami, FL	
Zip 33182	Country USA	Zip 33182	Country USA

4. FEI Number 20-0373277	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	LAZARA SEMANATE
Street Address (P.O. Box Number is Not Acceptable)	
12766 N.W. 6TH LANE	
City	MIAMI
FL	Zip Code 33182

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]* DATE: 11-19-03

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGER LAZARA SEMANATE 12766 NW 6TH LANE MIAMI FL 33182	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500025150355
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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]* DATE: 11-19-03 (305) 336-9585

CR2E083B (12/02)