

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035690

1. Entity Name
TAYLOR & WAINIO INSURANCE & FINANCIAL
SERVICES, L.L.C.



Principal Place of Business
120 STATE ROAD 312 WEST, SUITE ONE
ST. AUGUSTINE, FL 32086

Mailing Address
120 STATE ROAD 312 WEST, SUITE ONE
ST. AUGUSTINE, FL 32086



04252006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
57-1186953

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAYLOR, DAIL A
120 STATE ROAD 312 WEST, SUITE ONE
ST. AUGUSTINE, FL 32086

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TAYLOR, DAIL A
STREET ADDRESS	120 STATE ROAD 312 WEST, SUITE ONE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	MGR
NAME	WAINIO, FREDRICK J
STREET ADDRESS	120 STATE ROAD 312 WEST, SUITE ONE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000539321
05/09/06-80092-021 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: _____

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

Date

Daytime Phone if

4-25-06 904-829-9075