

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000044121

1. Entity Name
BUSINESS INSURANCE ASSOCIATES, LLC



Principal Place of Business
**31 BEACH DR SE
ST. PETERSBURG, FL 33701 US**

Mailing Address
**31 BEACH DR SE
ST. PETERSBURG, FL 33701 US**



04222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0387728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GERLACH, GERRY
31 BEACH DR SE
ST. PETERSBURG, FL 33701**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000932384
05/22/08-90054-005 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PUTARO, ANTHONY
STREET ADDRESS	31 BEACH DR SE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	MGRM
NAME	WYATT, BART
STREET ADDRESS	31 BEACH DR SE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	MGRM
NAME	KAROLESKI, JOYCE
STREET ADDRESS	31 BEACH DR SE
CITY-ST-ZIP	SAINT PETERSBURG, FL 33701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *X. Anthony Putaro* **Anthony Putaro** *Mgrm* **4/22/08** **727-822-9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #