

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90024 046 \*\*\*\*55.00

**DOCUMENT # L04000001574**

1. Entity Name  
CORAL INSURANCE ADVISORS, LLC



Principal Place of Business  
4000 HOLLYWOOD BLVD., SUITE 285-S  
HOLLYWOOD, FL 33021

Mailing Address  
4000 HOLLYWOOD BLVD., SUITE 285-S  
HOLLYWOOD, FL 33021

40039455



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number

37-1481835

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

ESSE, JAMES A  
4000 HOLLYWOOD BLVD., SUITE 285-S  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Straker-Virtue, Susan

Street Address (P.O. Box Number is Not Acceptable)

2118 NE 15th Street

City Ft. Lauderdale FL

Zip Code 33304

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

*Susan Straker* Susan Straker

3/28/05

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, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME BARHAM, NORMAN  
STREET ADDRESS 13782 MONACO WAY  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Delete  
NAME ESSE, JAMES A  
STREET ADDRESS 1600 NW 168TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL 33023

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME STRAKER-VIRTUE, SUSAN  
STREET ADDRESS 2118 NE 15TH STREET  
CITY-ST-ZIP FT. LAUDERDALE, FL 33304

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME MEYERS, BERNARD M  
STREET ADDRESS 3699 TOULOUSE DRIVE  
CITY-ST-ZIP PALM BEACH GARDENS, FL 33410

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME LASALA, CHRISTINE  
STREET ADDRESS 15 WEST 81ST STREET, APT. 14-C  
CITY-ST-ZIP NEW YORK, NY 10024

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Kelly K. King* Kelly K. King

3/28/05

954-322-4065

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

Date

Daytime Phone #