

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 10, 2006 8:00 am**  
**Secretary of State**

08-10-2006 90042 003 \*\*\*\*50.00

**DOCUMENT # L04000036641**

1. Entity Name  
**ALL FLORIDA INSURANCE LLC**



Principal Place of Business  
**7782 WILES ROAD  
CORAL SPRINGS, FL 33067 US**

Mailing Address  
**7782 WILES ROAD  
CORAL SPRINGS, FL 33067 US**

**20052230**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08072006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

**90-0216873**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERRERA, JOSE A  
23359 C S.W. 55 WAY  
BOCA RATON, FL 33433**

Name

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

City

**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, 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 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

**MGR  
HERRERA, JOSE A  
23359 C S.W. 55 WAY  
BOCA RATON, FL 33433**

☐ 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

**MGR  
Rodriguez, Martha R.  
23359 C S.W. 55 Way  
Boca Raton, FL 33433**

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:**

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

**8/9/06**

Date

**954.510.7321**

Daytime Phone #