2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 28, 2008 08:00 AN Secretary of State

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1. Entity Name

GULF TO BAY INSURANCE, LLC



Principal Place of Business

Mailing Address

1468 GULF TO BAY BLVD. CLEARWATER, FL 33755 1468 GULF TO BAY BLVD. CLEARWATER, FL 33755



04242008No Chg-LLC

CR2E083 (12/07)

4.	FEI Number	
	20-1189344	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

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CONKLIN, LESLIE M ESQ 1468 GULF TO BAY BLVD. CLEARWATER, FL 33755

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110000	one or registered again.		
SIGNĀTURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
FILE After Ma	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE Name Street address City+St-Zip	MGR LAZANIS, D. MICHAEL JR 1468 GULF TO BAY BLVD. CLEARWATER, FL 33755		000000930882 05/21/08-80128-005 138.75
TITLE NAME STREET AUDRESS CHTY-ST-ZIP		,	99,21,00 99120 900 100.10
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS			

8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept

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

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

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

4/24/08 727-441-9080

Daytime Phone #