


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90207 008 ****50.00

DOCUMENT # L04000041128 1. Entity Name BEST VALUE INSURANCE AGENCY, LLC					
Principal Place of Business 9180 GALLERIA COURT SUITE 300 NAPLES, FL 34109 US			Mailing Address P.O. BOX 110579 NAPLES, FL 34108 US		
2. Principal Place of Business 9180 Galleria Ct #			3. Mailing Address SAMP		
Suite, Apt. #, etc. 300			Suite, Apt. #, etc. 		
City & State NAPLES FL			City & State 		
Zip 34109		Country Collier		Zip 	
Country 		Country 		4. FEI Number 56-2461209	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BROOKS, JOHN C 9180 GALLERIA COURT, SUITE 200 NAPLES, FL 34109				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reactivating) Signature, typed or printed name of registered agent and title if applicable. 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 BROOKS, JOHN C 9180 GALLERIA CIR CT #300 NAPLES, FL 34109	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>John C Brooks</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 5/18/06	
				Daytime Phone # 239-777-9474	