

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000054682

1. Entity Name

MEMBERS INSURANCE CENTER, LLC



Principal Place of Business

6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

Mailing Address

P.O. BOX 11709
TAMPA, FL 33680



01112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1399753

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHARRON, DON
6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME FLYNN, PETER
STREET ADDRESS 6801 E. HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA, FL 33610

TITLE MGR
NAME CHARRON, DON
STREET ADDRESS 6801 E. HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA, FL 33610

TITLE MGR
NAME DARLING, LINDA
STREET ADDRESS 6801 E. HILLSBOROUGH AVENUE
CITY-ST-ZIP TAMPA, FL 33610

TITLE MGR
NAME DORETY, TOM
STREET ADDRESS 6801 E HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA, FL 33610

TITLE MGR
NAME MARSH, PATRICIA
STREET ADDRESS 6801 E HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA, FL 33680

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000811504
02/12/08-80009-016 138.75

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/14/08

813-621-7511 x86600