

L04000058616

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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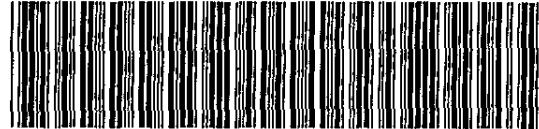
(Business Entity Name)

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2004 OCT -5 PM 1:47  
TALLAHASSEE, FLORIDA  
CORPORATION

FILED  
2004 OCT 14 PM 12:26  
TALLAHASSEE, FLORIDA  
CORPORATION

J. BRYAN OCT 15 2004

J. BRYAN OCT 6 2004

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Insurance Source, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marguerite C. Smirlis

(Name of Person)

The Insurance Source, LLC

(Firm/Company)

35212 US Highway 19 North

(Address)

Palm Harbor, FL 34684

(City/State and Zip Code)

For further information concerning this matter, please call:

Brenda K. Prestigiacomo

(Name of Person)

at ( 727 ) 787-3800

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### STREET ADDRESS:

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2004 OCT 14 PM 12:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2004 OCT -5 PM 1:47  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 6, 2004

MARGUERITE C. SMIRLIS  
THE INSURANCE SOURCE, LLC  
35212 US HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

SUBJECT: THE INSURANCE SOURCE, LLC  
Ref. Number: L04000058616

FILED  
2004 OCT 14 PM 12:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for THE INSURANCE SOURCE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 404A00057989

*We enclosed the filing fee of \$25.00  
with the original request.  
Marguerite Smith*

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2004 OCT 14 PM 12:26  
CORPORATIONS  
TALLAHASSEE, FLORIDA

The Insurance Source, LLC  
(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on August 9, 2004 and assigned  
document number L04000058616.

**SECOND:** The following amendment(s) to the Articles of Organization was/were adopted by the limited  
liability company:

Removal of David S Warman as Resgistered Agent and removal of same as managing member/manager per  
executed agreement Assign Marguerite C. Smirlis as new Registered Agent.

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to  
comply with the provisions of all statutes relative to the proper and complete performance of my duties,  
and I am familiar with and accept the obligations of my position as registered agent as provided for in  
Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office  
address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Marguerite C. Smirlis  
(Signature of Registered Agent)

Dated September 30th, 2004.

Marguerite C. Smirlis  
Signature of a member or authorized representative of a member

Marguerite C. Smirlis  
Typed or printed name of signee

Filing Fee: \$25.00