

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

02-17-2005 90100 017 ****50.00

DOCUMENT # L04000069438 1. Entity Name TRUMBULL CENTER INSURANCE, LLC			
Principal Place of Business 14030 TIVOLI TERRACE BONITA SPRINGS FL 34135		Mailing Address 14030 TIVOLI TERRACE BONITA SPRINGS FL 34135	
2. Principal Place of Business 14030 Tivoli Ter		3. Mailing Address Same	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Bonita Springs		City & State FL	
Zip 34135		Country USA	
4. FEI Number 201659998		Applied For ☐ Not Applicable	
5. Certificate of Status Desired \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 1395 PANTHER LANE SUITE 300 NAPLES FL 34109		7. Name and Address of New Registered Agent 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 <u><i>[Signature]</i></u> DATE <u>1/25/05</u> (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE Owner Pres	NAME Robert D Richter	TITLE 	NAME
STREET ADDRESS 14030 Tivoli Ter	CITY-ST-ZIP Bonita Springs, FL 34135	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 			
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 			
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 			
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
CITY-ST-ZIP 			
11: I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>[Signature]</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date <u>1/25/05</u> 1-239-295-2911 Office Phone #	