

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90063 025 ****50.00

DOCUMENT # L04000077478

1. Entity Name
FLORIDA INSURANCE SPECIALISTS, LLC



Principal Place of Business
**250 INTERNATIONAL PKWY
SUITE 250
LAKE MARY, FL 32746**

Mailing Address
**P.O. BOX 2106
WINTER PARK, FL 32790**



04242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1796252

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**RUSSO, FRANK J
250 INTERNATIONAL PKWY
SUITE 250
LAKE MARY, FL 32746**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	TANKERSLEY, JOHN
STREET ADDRESS	1224 STETSON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	MGRM
NAME	RUSSO, FRANK
STREET ADDRESS	250 INTERNATIONAL PKWY, SUITE 250
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	MGRM
NAME	TANKERSLEY INSURANCE GROUP, INC
STREET ADDRESS	250 INTERNATIONAL PKWY, SUITE 250
CITY-ST-ZIP	LAKE MARY, FL 32746
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4-25-06 407-805-0200
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