

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000084316**

**1. Entity Name**  
**BELL INSURANCE AGENCY OF CLEARWATER, LLC**



**Principal Place of Business**  
**4445 E BAY DR #312**  
**CLEARWATER, FL 33764**

**Mailing Address**  
**4445 E BAY DR #312**  
**CLEARWATER, FL 33764**



02012006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**20-1906789**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**HETZEL, TARA**  
**35246 US HWY 19 N #311**  
**PALM HARBOR, FL 34684**

**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 reissuing)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**  
**MGR**  
**VORACHACK, SOUVANNALY**  
**4445 E BAY DR #312**  
**CLEARWATER, FL 33764**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY- ST- ZIP**

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**CITY- ST- ZIP**

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04/18/06-80047-005 50.00

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**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:**

*Souvanaly Vorachack*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/06 727 524 4025

Date

Cayman Phone #