

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098327

Entity Name: SAMTER INSURANCE, LLC

FILED
Mar 28, 2006
Secretary of State

Current Principal Place of Business:

2850 N. ANDREWS AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

305 S MACDILL AVENUE
TAMPA, FL 33609

Current Mailing Address:

2850 N. ANDREWS AVE
FORT LAUDERDALE, FL 33311

New Mailing Address:

305 S MACDILL AVENUE
TAMPA, FL 33609

FEI Number: 20-3920666

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMUELSON, RICK
305 S. MACDILL AVE
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAMUELSON ENTERPRIS, ES, INC.
Address: 305 S. MACDILL AVE
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: SAMTER CONSTRUCTION,, INC.
Address: 305 S. MACDILL AVE
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: SARDUY, JOSEPH E
Address: 2850 N. ANDREWS AVE
City-St-Zip: FT. LAUDERDALE, FL 33311

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICK SAMUELSON

RA

03/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date