

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90243 002 \*\*\*\*50.00

**DOCUMENT # L05000101099**

1. Entity Name  
**INSURANCE PROFESSIONALS LLC**



Principal Place of Business 3773 CENTRAL AVENUE ST PETERSBURG, FL 33713 US	Mailing Address 3773 CENTRAL AVENUE ST PETERSBURG, FL 33713 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01042006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3700507 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINEBRENNER, JACK M  
3773 CENTRAL AVENUE  
ST PETERSBURG, FL 33713

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 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**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME WINEBRENNER, WENDY D  
STREET ADDRESS 1384 54TH AVENUE NE  
CITY-ST-ZIP ST PETERSBURG, FL 33703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGRM ☐ Delete  
NAME WINEBRENNER, JACK M  
STREET ADDRESS 1384 54TH AVENUE NE  
CITY-ST-ZIP ST PETERSBURG, FL 33703

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:** Wendy D Winebrenner Wendy Winebrenner 2/20/06 727/327-4114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #