

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102289

**FILED**  
**Feb 02, 2007**  
**Secretary of State**

**Entity Name:** INSURANCE SYNDICATION, LLC

**Current Principal Place of Business:**

9724 N. ARMENIA AVE  
SUITE 201  
TAMPA, FL 33612

**New Principal Place of Business:**

2203 N. LOIS AVE  
SUITE 949  
TAMPA, FL 33607

**Current Mailing Address:**

9724 N. ARMENIA AVE  
SUITE 201  
TAMPA, FL 33612

**New Mailing Address:**

2203 N. LOIS AVE  
SUITE 949  
TAMPA, FL 33607

**FEI Number:** 13-4312053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPOTO, NELSON J  
2805 W BUSCH BLVD  
SUITE 206  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

SPOTO, NELSON J  
2203 N. LOIS AVE  
SUITE 949  
TAMPA, FL 33607 US

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: N. SPOTO

02/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SPOTO, NELSON J  
Address: 9724 N. ARMENIA AVE, SUITE 201  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SPOTO, NELSON J  
Address: 2203 N. LOIS AVE. , SUITE 949  
City-St-Zip: TAMPA, FL 33607

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: N SPOTO

MGRM

02/02/2007

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