

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000J22918	
1. Entity Name B & V INSURANCE GROUP, LLC	

Principal Place of Business 750 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334	Mailing Address 750 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 83-0444665	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLARI, DAVID 750 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334	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 _____ (NOTE: Registered Agent's signature not required when filing online) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLARI, DAVID 750 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000878316 ☐ Change ☐ Addition 04/15/08-80016-011 138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASSUK, ARNIE 750 EAST PROSPECT ROAD FORT LAUDERDALE FL 33334 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David Villari* 4/1/08 954-JBT-J6J6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date