

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013007

FILED
May 23, 2007
Secretary of State

Entity Name: FLORIDA STATE NO-FAULT INSURANCE AGENCY LLC

Current Principal Place of Business:

104 EAST FOWLEER AVE
TAMPA, FL 33612 US

New Principal Place of Business:

104 EAST FOWLER AVE
200
TAMPA, FL 33612 US

Current Mailing Address:

104 EAST FOWLEER AVE
TAMPA, FL 33612 US

New Mailing Address:

104 EAST FOWLER AVE
200
TAMPA, FL 33612 US

FEI Number: 71-0996112 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHARLES, MANES
3020 GATES DR
APT 223
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

CHARLES, MANES
20612 WHITEBUD CT
TAMPA, FL 33647 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: MANES CHARLES

05/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHARLES, MANES
Address: 3020 GATES DR APT 223
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM () Delete
Name: GERMAIN, ULRICK
Address: 5225 SONORA CT APT 10
City-St-Zip: TAMPA, FL 33617 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHARLES, MANES OFFICER
Address: 20612 WHITEBUD CT
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM (X) Change () Addition
Name: GERMAIN, ULRICK OFFICER
Address: 5142 CELLO WOOD LN
City-St-Zip: WESLEY CHAPEL, FL 33543 US

I hereby certify that the information supplied with this filing does not qualify 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: ULRICK GERMAIN

MGRM

05/23/2007

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