2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2008
Secretary of State

DOCUMENT# L06000013007

Entity Name: FLORIDA STATE NO-FAULT INSURANCE AGENCY LLC

Current Principal Place of Business:

104 EAST FOWLER AVE
200
TAMPA, FL 33612 US

New Principal Place of Business:

5035 E BUSCH BLVD
8
TAMPA, FL 33617 US

Current Mailing Address:

104 EAST FOWLER AVE
200
TAMPA, FL 33612 US

New Mailing Address:

5035 E BUSCH BLVD
8
TAMPA, FL 33617 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:

GERMAIN, ULRICK
5142 CELLO WOOD LANE
WESLEY CHAPEL, FL 33543 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: GERMAIN, ULRICK OFFICER
Address: 5142 CELLO WOOD LANE
City-St-Zip: WESLEY CHAPEL, FL 33543 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: GERMAIN, AMONETUDE OFFICER
Address: 440 HOPE CIRCLE
City-St-Zip: ORLANDO, FL 32811 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 05/22/2008

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