

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 08, 2007 08:00 A
Secretary of State

DOCUMENT # L06000015906

1. Entity Name
DOC AUTO INSURANCE GROUP, LLC



Principal Place of Business
5505 15TH ST. EAST
BRADENTON, FL 34203

Mailing Address
11394 LOUISIANA CIRCLE
BLOOMINGTON, MN 55438



06272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4329390

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BERMAN, JED
180 S. KNOWLES AVE
SUITE 7
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 September 14, 2007**

000000771711
08/08/07-80004-007 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLECKINGER, ROBERT T
11394 LOUISIANA CIRCLE
BLOOMINGTON, MN 55438

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BAKER, JOHN
491 NORTH S.R. 434, SUITE 125
ALTAMONTE SPRINGS, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Robert T. Bleckinger Robert T. Bleckinger

6/25/07

Date

612 250 6173

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE