

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90334 028 ****50.00

DOCUMENT # L06000023371

1. Entity Name
HALLMARK INSURANCE, LLC



Principal Place of Business
**3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957**

Mailing Address
**3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957**

60047497



2. Principal Place of Business - No P.O. Box #
3731 NE PINEAPPLE AVE.

3. Mailing Address
3731 NE PINEAPPLE AVE.

Suite, Apt. #, etc.
SUITE C 200

Suite, Apt. #, etc.
SUITE C 200

04272007 Chg-LLC CR2E083 (12/06)

City & State
JENSEN BEACH, FL

City & State
JENSEN BEACH, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
34957

Country
USA

Zip
34957

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994**

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

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 May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
DOSS, ARDEN JR.
3731 NE PINEAPPLE AVE. - SUITE C200
JENSEN BEACH, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**MGRM
DOSS, RENEE MOTTRAM
3731 NE PINEAPPLE AVE. - SUITE C200
JENSEN BEACH, FL 34957**

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

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

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:

RENEE M. DOSS

4/30/07

772-692-7800

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

Date

Daytime Phone #