

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000057168

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** EVERBRIGHT INSURANCE, LLC

**Current Principal Place of Business:**

2559 NURSERY ROAD SUITE A  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

2559 NURSERY ROAD SUITE A  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 34-2064786

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURNS, DOUGLAS J  
2559 NURSERY ROAD SUITE A  
CLEARWATER, FL 33764 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: M ( ) Change (X) Addition  
Name: SCHROEDER, ALBERTO  
Address: BOS #489QUE DE JACARANDAS  
City-St-Zip: MEXICO, DF 11700 MX

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:** ALBERTO SCHROEDER

M

04/29/2007

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