

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064793

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: PLATINUM COAST INSURANCE AGENCY, LLC

## Current Principal Place of Business:

27499 RIVERVIEW CENTER  
SUITE 234  
BONITA SPRINGS, FL 34134 US

## New Principal Place of Business:

## Current Mailing Address:

27499 RIVERVIEW CENTER  
SUITE 234  
BONITA SPRINGS, FL 34134 US

## New Mailing Address:

15215 COLLIER BLVD., STE 311  
PMB # 301  
NAPLES, FL 34119 US

FEI Number: 16-1765772

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DORIA, MARIO  
15205 COLLIER BLVD., STE. 107  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

DORIA, JR, ALBERT  
888 GRAND RAPIDS BLVD.  
NAPLES, FL 34120 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: ALBERT DORIA, JR

01/05/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DORIA, MARIO  
Address: 15205 COLLIER BLVD., STE. 107  
City-St-Zip: NAPLES, FL 34119

Title: MGRM ( ) Delete  
Name: DORIA, ALBERT JR.  
Address: 15205 COLLIER BLVD., STE. 107  
City-St-Zip: NAPLES, FL 34119

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

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DORIA, MARIO  
Address: 889 GRAND RAPIDS BLVD.  
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM (X) Change ( ) Addition  
Name: DORIA, ALBERT JR.  
Address: 888 GRAND RAPIDS BLVD.  
City-St-Zip: NAPLES, FL 34120 US

Title: MGRM ( ) Change (X) Addition  
Name: DORIA, VERONICA  
Address: 2560 GOLDEN GATE BLVD.  
City-St-Zip: NAPLES, FL 34117 US

Title: MGRM ( ) Change (X) Addition  
Name: DORIA, ALBERT  
Address: 2560 GOLDEN GATE BLVD.  
City-St-Zip: NAPLES, FL 34120 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ALBERT DORIA, JR

MGRM

01/05/2007

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