

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064793

FILED  
Jan 24, 2008  
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:

11338 BONITA BEACH RD.  
SUITE 105  
BONITA SPRINGS, FL 34135 US

## Current Mailing Address:

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

## New Mailing Address:

7795 DAVIS BLVD.  
STE 205  
NAPLES, FL 34104 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, JR, ALBERT  
888 GRAND RAPIDS BLVD.  
NAPLES, FL 34120 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: DORIA, MARIO  
Address: 889 GRAND RAPIDS BLVD.  
City-St-Zip: NAPLES, FL 34120 US

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

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

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

## ADDITIONS/CHANGES:

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

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

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

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

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: ALBERT DORIA, JR

MGRM

01/24/2008

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