

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # L06000068385

1. Entity Name
WAYNE B. GIFFORD INSURANCE, LLC



Principal Place of Business
**7301 NW 10 PLACE
PLANTATION, FL 33313**

Mailing Address
**7301 NW 10 PLACE
PLANTATION, FL 33313**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1286887

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GIFFORD, WAYNE B
7301 NW 10 PLACE
PLANTATION, FL 33313**

**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 renewing)

DATE

**FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GIFFORD, WAYNE B 7301 NW 10 PLACE PLANTATION, FL 33313
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U000000827745
02/22/08-80002-020 138.75

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Wayne B. Gifford
2/11/08 (EST) 612-4967