

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069883

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** HERITAGE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

10611 N. TAMiami TRAIL, STE. B2  
NAPLES, FL 34108 US

**New Principal Place of Business:**

**Current Mailing Address:**

10611 N. TAMiami TRAIL, STE. B2  
NAPLES, FL 34108 US

**New Mailing Address:**

**FEI Number:** 20-5194143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

R & A AGENTS, INC., C/O MICHAEL S. YASHKO  
2320 FIRST STREET  
SUITE 1000  
FORT MYERS, FL 33901 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: MGR ( ) Change (X) Addition  
Name: DORTA, CHARLES  
Address: 10611 N. TAMiami TRAIL, STE B2  
City-St-Zip: NAPLES, FL 34108 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:** CHARLES DORTA

MGR

01/10/2007

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