

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094355

FILED  
Feb 02, 2007  
Secretary of State

**Entity Name:** NOEL INSURANCE BROKERS, LLC

**Current Principal Place of Business:**

2641 PEPPERWOOD CIRCLE  
NORTH PALM BEACH, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

2641 PEPPERWOOD CIRCLE  
NORTH PALM BEACH, FL 33410

**New Mailing Address:**

**FEI Number:** 22-3943435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

NOEL, DONALD G MGR  
2641 PEPPERWOOD CIRCLE  
NORTH PALM BEACH, FL 33410 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: DONALD G. NOEL

02/02/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NOEL, DONALD G  
Address: 2641 PEPPERWOOD CIRCLE  
City-St-Zip: NORTH PALM BEACH, FL 33410

Title: ST ( ) Delete  
Name: NOEL, DONALD G  
Address: 2641 PEPPERWOOD CIRCLE  
City-St-Zip: NORTH PALM BEACH, FL 33410

**ADDITIONS/CHANGES:**

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 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: DONALD G. NOEL

MGR

02/02/2007

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