

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90036 024 ****50.00

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1. Entity Name

CLOSSON INSURANCE AGENCY, LLC

Principal Place of Business

221 NE IVANHOE BLVD.
ORLANDO FL 32804
US

Mailing Address

P.O. BOX 547275
ORLANDO FL 32854
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5623286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, DAVID S ESQUIRE
5728 MAJOR BLVD.
SUITE 550
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM ZIKA, LENISE ☐ Delete
STREET ADDRESS 221 NE IVANHOE BLVD.
CITY ST ZIP ORLANDO FL 32804

TITLE NAME MGR ZIKA, RON ☐ Delete
STREET ADDRESS 221 NE IVANHOE BLVD.
CITY ST ZIP ORLANDO FL 32804

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
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CITY ST ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY ST ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lenise A Zika

1/25/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #