


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000096598	
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
---	--

DO NOT WRITE IN THIS SPACE



03112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5623286	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, DAVID S ESQUIRE 5728 MAJOR BLVD. SUITE 550 ORLANDO, FL 32819

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U000000000414
04/15/08-80060-022 143.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZIKA, LENISE 221 NE IVANHOE BLVD. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZIKA, RON 221 NE IVANHOE BLVD. ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  RON A. ZIKA	13 MAR 08	321.230.2222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>