

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000110714

1. Entity Name
SDT INSURANCE AGENCY, LLC



SEC.
DIVISION

07 OCT 25 PM 4:13

Principal Place of Business
9350 BAY PALZA BLVD.
SUITE 123-31
TAMPA, FL 33619 US

Mailing Address
9350 BAY PALZA BLVD.
SUITE 123-31
TAMPA, FL 33619 US



2. Principal Place of Business - No P.O. Box #
9350 Bay Plaza Blvd
Suite, Apt. #, etc.
Ste 123-31

3. Mailing Address
9350 Bay Plaza Blvd
Suite, Apt. #, etc.
Suite 123-31

City & State
Tampa

City & State
Tampa

Zip
33619

Country
Hillsborough

Zip
33619

Country

09132007 Chg-LLC CR2E083 (12/06)

4. FEI Number
205895067

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
SDT Insurance Agency LLC
Street Address (P.O. Box Number is Not Acceptable)
9350 Bay Plaza Blvd Ste 123-31
City
Tampa FL Zip Code
33619

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 *Paul H. Santos*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to:
Florida Department of State.

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BARRIOS, SAIDA
11601 4TH STREET NORTH, #3403
ST. PETERSBURG, FL 33716 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
DERHAM, TIMOTHY B
70 HURON ROAD
BELLOROSE, NY 11001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300111642063
11/02/07--01037--017 **\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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: *Paul H. Santos*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

09/24/07

813-514-8288
Daytime Phone #