05/31/2007 13:43 7278692433 ALL DRIVER

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Jun 04, 2007 8:00 am
Secretary of State
05-09-2007 90034 032 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/9

DOCUMENT # L06000115570

1. Entity Name
ALL DRIVERS AUTO INSURANCE LLC

30003040

Principal Place of Business	Mailing Address
8927 CESSNA DRIVE NEW PORT RICHEY, FL 34654	8927 CESSNA DRIVE NEW PORT RICHEY, FL 34654

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

04252007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5981688 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SHAW, MATTHEW
8927 CESSNA DRIVE
NEW PORT RICHEY, FL 34654

7. Name and Address of New Registered Agent
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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SHAW, MATTHEW		NAME		
STREET ADDRESS	8927 CESSNA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Matthew Shaw 4-27-07 727364-1891
(Signature and typed or printed name of signing managing member, manager, or authorized representative) Date Daytime Phone #