

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000120279**

1. Entity Name

AGIS - MICHIGAN AGENCY, LLC



Principal Place of Business

1801 LEE ROAD, SUITE 300  
WINTER PARK, FL 32789

Mailing Address

1801 LEE ROAD, SUITE 300  
WINTER PARK, FL 32789



01142008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

84-1722106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W  
171 CIRCLE DRIVE  
MAITLAND, FL 32751

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

000000800632  
01/31/08-80024-024 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KIRCHNER, MICHAEL J
STREET ADDRESS	1801 LEE ROAD, SUITE 300
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGR
NAME	NIXON, MICHAEL
STREET ADDRESS	30701 WOODWARD AVE., SUITE 400
CITY-ST-ZIP	ROYAL OAK, MI 48073
TITLE	MGR
NAME	LASKOWITZ, JOHN
STREET ADDRESS	1801 LEE ROAD
CITY-ST-ZIP	WINTER PARK, FL 32789
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:** \_\_\_\_\_

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

Date

Daytime Phone #