

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90024 035 ****55.00

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02132007 Chg-LLC CR2E083 (12/06)

| | | | |
|--|--|---|---|
| DOCUMENT # L06000121092 1. Entity Name RIBEIRO INSURANCE GROUP, LLC | | | |
| Principal Place of Business 1819 MAIN STREET SUITE 1101 SARASOTA, FL 34236 | | Mailing Address 1210 CANBERRA AVE. ORLANDO, FL 32806 | |
| 2. Principal Place of Business - No P.O. Box # 5050 S. Highway 1792 | | 3. Mailing Address P.O. Box 149324 | |
| Suite, Apt. #, etc. 104 | | Suite, Apt. #, etc. | |
| City & State Casselberry FL | | City & State ORLANDO, FL | |
| Zip 32707-3868 | | Zip 32814-9324 | |
| Country Seminole | | Country Orange | |
| 4. FEI Number 45-0548065 | | 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 RIBEIRO, BETTY JO 1210 CANBERRA AVENUE ORLANDO, FL 32806 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 <u>Betty Jo Ribeiro</u> DATE <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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 NAME STREET ADDRESS CITY-ST-ZIP | MGRM RIBEIRO, BETTY JO 1210 CANBERRA AVENUE ORLANDO, FL 32806 <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HUYSMAN, DAVID S II 881 SUNNYBROOK LANE MELBOURNE, FL 32940 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Delete</div> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> |
| 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: <u>Betty Jo Ribeiro</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date <u>4/25/07</u> Daytime Phone # <u>407-616-3696</u> | |