



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

04-15-2008 90107 022 ***138.75

DOCUMENT # L07000048218 1. Entity Name CENTRAL FLORIDA INSURANCE AGENCY, LLC					
Principal Place of Business 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602			Mailing Address 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-8991841	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent POE, CHARLES E 302 KNIGHTS RUN AVENUE, SUITE 700 TAMPA, FL 33602			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>		
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Poe & Associates, LLC 302 Knights Run Ave., Suite 700 Tampa, FL 33602 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			4/9/08 813/259-4000 Date Daytime Phone		

30006715



01102008 Chg-LLC CR2E083 (12/06)

POE & ASSOCIATES, LLC

ATTACHMENT

000571

Inv. Date Invoice No. Description
04/04/2008 2008CFIA 2008 LLC Annual Rpt-Central FL

Amount Paid
138.75

30006715

#C07000048218

CHECK: 000571 04/08/2008 Florida Department of State

138.75

THIS DOCUMENT CONTAINS SECURITY FEATURES - SEE BACK FOR DETAILS

poee

POE & ASSOCIATES, LLC
OPERATING ACCOUNT
DEBTOR-IN-POSSESSION CASE # 06-04294
TWO HARBOUR PLACE
302 KNIGHTS RUN AVENUE • SUITE 700
TAMPA, FL 33602

WACHOVIA
PENSACOLA, FL 32584
63-1012/632

000571

PAY

*ONE HUNDRED THIRTY-EIGHT AND 75 / 100

TO THE
ORDER
OF

Florida Department of State
Division of Corporations
P O Box 6198
Tallahassee, FL 32314

DATE

04/08/2008

AMOUNT

*****138.75*

TWO SIGNATURES REQUIRED IF OVER \$50,000

[Signature]

AUTHORIZED SIGNATURE

POE & ASSOCIATES, LLC

000571

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04/04/2008 2008CFIA 2008 LLC Annual Rpt-Central FL

Amount Paid
138.75

CHECK: 000571 04/08/2008 Florida Department of State

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