## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000076451

VENICE, FL 34285

City-St-Zip:

Entity Name: LA INSURANCE AGENCY FL003, LLC

FILED Jun 16, 2008 Secretary of State

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:		
	I AVE. NORTH RSBURG, FL 33714	US				
Current M	lailing Address:		New Mailing Add	ress:		
	I AVE. NORTH RSBURG, FL 33714	US	5500 4TH STREET ST. PETERSBURG		US	
In accordan		- · · · · · · · · · · · · · · · · · · ·	FEI Number Not Applicable() company did not receive the prior no Name and Addres	otice.	e of Status Desired ( )	
APT. 1417	EST SHORE BLVD					
	named entity submits e of Florida.	this statement for th	e purpose of changing its regist	ered office or re	egistered agent, or both	
SIGNATUR	RE:					
	Electronic Signa	ture of Registered A	∖gent	[	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGR ( ) Delete ALBANNA, SINAN 6401 S. WEST SHORE B TAMPA, FL 33616 US	LVD. APT 1417	Title: Name: Address: City-St-Zip:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete KAMMO, JAMAL 5570 4TH STREET NORT ST. PETERSBURG, FL 3		Title: Name: Address: City-St-Zip:	( ) Change(	) Addition	
Title: Name: Address:	MGR (X) Delete DOLETZKY, STEVEN M 440 US 41 BYPASS		Title: Name: Address:	() Change (	) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: SINAN ALBANNA MGR 06/16/2008