2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State
07-28-2008 90073 021 ***143.75

DOCUMENT # L07000116192

1. Entity Name
PETTINEO INSURANCE, LLC

Principal Place of Business	Mailing Address
2430 E COMMERCIAL BLVD FT LAUDERDALE, FL 33309	2430 E COMMERCIAL BLVD FT LAUDERDALE, FL 33309

07102008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4707 140th N. #305	2430 E. Commercial Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater Florida	City & State: Fort Lauderdale FL
Zip: 33762 Country: /	Zip: 33308 Country: Broward

4. FEI Number: 20-8778001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PETTINEO, FRANK 2430 E COMMERCIAL BLVD FT LAUDERDALE, FL 33309	Name: Pettineo, Frank Street Address (P.O. Box Number is Not Acceptable): 2430 E. Commercial Blvd. City: Fort Lauderdale FL Zip Code: 33308

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]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 7/10/08

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	President	☒ Change ☐ Addition
NAME	PETTINEO, FRANK		NAME	FRANK Pettineo	
STREET ADDRESS	2430 E COMMERCIAL BLVD		STREET ADDRESS	2430 E. Commercial Blvd.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309		CITY-ST-ZIP	Fort Lauderdale FL 33308	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
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: [signature] 7/10/08 954-493-9424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #