

L10000110581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

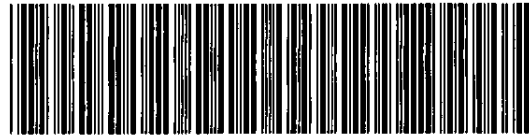
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. G. G. APR 24 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Property & Casualty Insurance Agency, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael R. Buza

Name of Person

Florida Property & Casualty Insurance Agency, LLC

Firm/Company

3333 Ocean Drive

Address

Vero Beach, FL 32963

City/State and Zip Code

mbuza@pbiag.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael R. Buza

Name of Person

at (561)

282-7071

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Melissa A. Buza	2057 US Highway One Vero Beach, FL 32960	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Michael R. Buza	3333 Ocean Drive Vero Beach, FL 32963	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

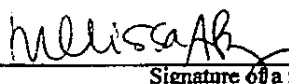
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 APR 23 PM 3:21

FILED

Dated April 18, 2012



Signature of a member or authorized representative of a member

Melissa A. Buza

Typed or printed name of signee