

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90168 032 *****50.00

DOCUMENT # L95000000895

1. Entity Name

PETIGROW INSURANCE, L.L.C.

Principal Place of Business

**1861 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071
 0**

Mailing Address

**1861 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071
 0**

B0049611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9900 W. SAMPLE ROAD
 Suite, Apt. #, etc.
 300**

3. Mailing Address

**9900 W. SAMPLE ROAD
 Suite, Apt. #, etc.
 300**

City & State

CORAL SPRINGS, FL

City & State

CORAL SPRINGS, FL

4. FEI Number

65-0632097

Applied For

Not Applicable

Zip

33065

Country

USA

Zip

33065

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PETIGROW, RICHARD B
 1861 UNIVERSITY DRIVE
 CORAL SPRINGS FL 33071**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**9900 W. SAMPLE ROAD
 # 300**

City

CORAL SPRINGS

FL

Zip Code

33065

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.

SIGNATURE

RICHARD B. PETIGROW, Manager & Registered Agent 3/12/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

**TITLE MGR
 NAME PETIGROW, RICHARD B
 STREET ADDRESS 9900 W. SAMPLE ROAD #300
 CITY-ST-ZIP CORAL SPRINGS FL 33065**

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

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☐ Change ☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP**

☐ Delete

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

RICHARD B. PETIGROW, Manager, 3/12/02 341-4992 (954)

CR2E083 (9/01)