

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90585 021 \*\*\*\*50.00

**DOCUMENT #** L96000000758

**1. Entity Name**

PEI Insurance Agency of Florida, L.C.

**DO NOT WRITE IN THIS SPACE**

057600

**2. Principal Place of Business**

1550 Sawgrass Corporate Pky

Suite, Apt. #, etc.

2nd Floor

City & State

Sunrise, Florida

Zip

33323

Country

USA

**3. Mailing Address**

25 Independence Blvd.

Suite, Apt. #, etc.

4th Floor

City & State

Warren, New Jersey

Zip

07059

Country

USA

**4. FEI Number**

65-0715551

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code  
33324

**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**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
Robert W. Teschke  
25 Independence Blvd., 4th Floor  
Warren, NJ 07059

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

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
MGR  
Paul Funk  
25 Independence Blvd., 4th Floor  
Warren, NJ 07059

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

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IN THIS SPACE**

**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

4/23/02

Date

908-903-6558

Daytime Phone #

CR2E083B (12/01)