

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92212 025 ****50.00

DOCUMENT # L96000000758

1. Entity Name

PLI INSURANCE AGENCY OF FLORIDA, L.C.



Principal Place of Business

Mailing Address

**1550 SAWGRASS CORPORATE PKY., 2ND FLOOR
SUNRISE FL 33323**

**25 INDEPENDENCE BLVD.
4TH FL
WARREN NJ 07059**

2. Principal Place of Business

3. Mailing Address

3 Mountain View Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3rd Floor

City & State

City & State

Warren, NJ

Zip

Country

Zip

Country

07059

USA

4. FEI Number **65-0715551**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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, 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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGR** ☐ Delete
NAME **TESCHKE, ROBERT W**
STREET ADDRESS **25 INDEPENDENCE BLVD., 4TH FL**
CITY-ST-ZIP **WARREN NJ 07059**

TITLE **MGR** ☒ Change ☐ Addition
NAME **Teschke, Robert W.**
STREET ADDRESS **3 Mountain View Road, 3rd Fl.**
CITY-ST-ZIP **Warren, NJ 07059**

TITLE **MGR** ☒ Delete
NAME **FUNK, PAUL**
STREET ADDRESS **25 INDEPENDENCE BLVD., 4TH FL**
CITY-ST-ZIP **WARREN NJ 07059**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

ROBERT W. TESCHKE

4/30/03

Date

(908) 903-6558

Daytime Phone #

CR2E083 (10/02)