2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 08:00 AM
Secretary of State

DOCUMENT # **L99000002781**

1. Entity Name
INSURANCE PARTNERSHIP MANAGER #3, LLC

Principal Place of Business	Mailing Address
450 S. ORANGE AVENUE ORLANDO FL 32801	450 S. ORANGE AVENUE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. BOX 4920
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ORLANDO FL
Zip / Country	Zip 32802 / Country

4. FEI Number **59-3590657** ☐ 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
SENEFF TIMOTHY J 450 S. ORANGE AVENUE ORLANDO FL 32801	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.

SIGNATURE ______________________ 04/04/2001
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SENEFF TIMOTHY J 450 S. ORANGE AVENUE ORLANDO FL 32801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: TIMOTHY J. SENEFF MGRM 04/04/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #