

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000005394

1. Entity Name
QUORUM INSURANCE, LLC



Principal Place of Business
6701 DALE MABRY HIGHWAY
TAMPA, FL 33611

Mailing Address
P.O. BOX 19200
TAMPA, FL 33686-9200

DO NOT WRITE IN THIS SPACE



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3595125

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEINSTEIN, DAVID
C/O BALES AND WEINSTEIN
625 E TWIGGS ST STE 100
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	FISHER, ROBERT L
STREET ADDRESS	6701 DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	VP
NAME	SEARS, BRAD
STREET ADDRESS	6701 DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	TS
NAME	WEAN, GAIL
STREET ADDRESS	6701 DALE MABRY HWY
CITY- ST- ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

110000180294
01/13/05-80054-010 50.00

**DO NOT WRITE
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: *Brad Sears*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/10/05 813-832-2451