

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005437

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: GULA INSURANCE AGENCY, L.L.C.

## Current Principal Place of Business:

10874 S US 1  
PORT SAINT LUCIE, FL 34952

## New Principal Place of Business:

1922 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

## Current Mailing Address:

10874 S US 1  
PORT SAINT LUCIE, FL 34952

## New Mailing Address:

1922 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

FEI Number: 65-0944540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GULA, ADAM  
10874 S US 1  
PORT SAINT LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

GULA, ADAM  
11541 SW ROSSANO LN  
PORT SAINT LUCIE, FL 34987 US

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: ADAM GULA

04/09/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GULA, GAIL A  
Address: 10874 S US 1  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: MGRM ( ) Delete  
Name: GULA, ADAM C  
Address: 4267 NW FEDERAL HWY PMB 111  
City-St-Zip: JENSEN BEACH, FL 34957

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GULA, GAIL A  
Address: 5802 NW FALL FLOWER CT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM (X) Change ( ) Addition  
Name: GULA, ADAM C  
Address: 11541 SW ROSSANO LN  
City-St-Zip: PORT ST LUCIE, FL 34987

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ADAM GULA

MGRM

04/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date