

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90140 005 ****55.00

DOCUMENT # M01000002419

1. Entity Name

VALMARK INSURANCE AGENCY, LLC



Principal Place of Business

3690 ORANGE PL, #300
BEACHWOOD OH 44122

Mailing Address

3690 ORANGE PL, #300
BEACHWOOD OH 44122

2. Principal Place of Business

130 SPRINGSIDE DR

3. Mailing Address

130 SPRINGSIDE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AKRON, OH

City & State

AKRON, OH

Zip

44303

Country

USA

Zip

44303

Country

USA

4. FEI Number

34-1924305

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RYBKA, LAWRENCE S
1500 CORPORATE CTR., #203
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RYBKA, LAWRENCE S
STREET ADDRESS 1500 CORPORATE CTR, #203
CITY-ST-ZIP WELLINGTON FL 33414

TITLE MGR
NAME RYBKA, JOSEPHINE
STREET ADDRESS 1500 CORPORATE CTR, #203
CITY-ST-ZIP WELLINGTON FL 33414

TITLE MGR
NAME RYBKA, LAWRENCE J
STREET ADDRESS 3690 ORANGE PL, #300
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE MGR
NAME CRITZER, DAVID K
STREET ADDRESS 3690 ORANGE PL, #300
CITY-ST-ZIP BEACHWOOD OH 44122

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Date

Daytime Phone #

6-16-04