2004 LIMITED LIABILITY COMPANY
- ANNUAL REPORT (AR)

SIGNATURE: KIM HALGYET SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATUR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M0200000110 1. Entity Name HAGERTYPLUS, LLC Principal Place of Business Mailing Address					Feb 12, 2004 08:00 AM Secretary of State		
141 RIVER'S EDGE DRIVE		Mailing Address 141 RIVER'S EDGE DRIVE					
TRAVERSE CITY MI 49684		TRAVERSE CITY MI 49684		> 	# # # #################################	Tiif Beiif Beiil Beiil Beiel (leef 1)ek as	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt #, etc.			MOORE	CR2E083 (11/03)	A PRESENT -
City & State		City & State		4. FE	36-44815	98 No	oplied For ot Applicable
Zip	Country	Zip	Country		ertificate of Status Desired	Fee Require	
	6. Name and Address of Current F	legistered Agent	Name	7, <u>N</u> a	ame and Address of New	Registered Agent	<u>. Augusta and a same</u>
СТ	CORPORATION SYSTEM						
120	O SOUTH PINE ISLAND ROA INTATION FL 33324	D	Street Ad	dress (P.O. Bo	x Number is Not Accepta	ble)	
							<u>- 110</u> 23300
		·	City			FL Zip Cod	е
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, typod or printed name of registered agent and tigle if applicable. (NOTE Registered Agent signature required when reinstating) DATE							
Signature, typoid or printed name of registered agent and title if applicable. (NOTE Begistaged Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00							
Make Check Payable to Florida Depart					tate		
		•	re By May 1, 2004				=
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADITIODA	IS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS	HAGERTY, KIM L 141 RIVER'S EDGE DRIVE, SUITE 2	200	NAME STREET ADDRESS		<u> </u>	148725	
CITY-ST-ZIP	TRAVERSE CITY MI 49684		CITY-ST-ZIP		02/12/04-8	80091–025 50. 00	
inte	MGR	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	HAGERTY, MCKEEL O 141 RIVER'S EDGE DRIVE, SUITE 2	200	NAME STREET ADDRESS				
CITY-ST-ZIP	TRAVERSE CITY MI 49684		CITY-ST-ZIP				
TITLE	MGR	☐ Delete	TITLE		<u> </u>	☐ Change	☐ Addition
NAME	HAGERTY, TAMMY J		NAME				
STREET ADDRESS CITY-ST-ZIP	141 RIVER'S EDGE DRIVE, SUITE 2 TRAVERSE CITY MI 49684	200	STREET ADDRESS CITY+ST-ZIP				
TITLE	TRAVERSE OIT WI 45004	□ Delete	TITLE			Change	Addition
NAME		V0100	NAME			ong	
STREET ADDRESS	1	•	STREET ADDRESS				
CITY-ST-ZIP		D pales	CITY+S1-ZIP TITLE		<u> </u>	☐ Change	T Addison
NAME		☐ Delete	NAME			□ Gladge	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		·	CITY+ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		<u> </u>	<u> </u>	
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.							

FILED

2/4/04