

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000110

Entity Name: HAGERTYPLUS, LLC

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

141 RIVER'S EDGE DRIVE
TRAVERSE CITY, MI 49684

New Principal Place of Business:

Current Mailing Address:

141 RIVER'S EDGE DRIVE
TRAVERSE CITY, MI 49684

New Mailing Address:

FEI Number: 36-4481598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAGERTY, KIM L
Address: 141 RIVER'S EDGE DRIVE, SUITE 200
City-St-Zip: TRAVERSE CITY, MI 49684

Title: MGR () Delete
Name: HAGERTY, MCKEEL O
Address: 141 RIVER'S EDGE DRIVE, SUITE 200
City-St-Zip: TRAVERSE CITY, MI 49684

Title: MGR () Delete
Name: HAGERTY, TAMMY J
Address: 141 RIVER'S EDGE DRIVE, SUITE 200
City-St-Zip: TRAVERSE CITY, MI 49684

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIM HAGERTY

MGRM

01/05/2007

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