2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State
01-22-2003 90097 035 ****50.00

D074138

DOCUMENT # M02000000110

1. Entity Name
HAGERTYPLUS, LLC

Principal Place of Business	Mailing Address
141 RIVER'S EDGE DRIVE TRAVERSE CITY MI 49684	141 RIVER'S EDGE DRIVE TRAVERSE CITY MI 49684

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 36-4481598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139	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, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGERTY, KIM 141 RIVER'S EDGE DRIVE TRAVERSE CITY MI 49684	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 REQUIRED 1-16-03 231-933-3760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment
20014416
M02000000110

HagertyPlus, LLC

Managing Member

Kim L. Hagerty
7266 Peninsula Drive
Traverse City, MI 49686
SS# 366-66-5825 DOB 12/30/56
33 1/3% ownership

Members

McKeel O Hagerty
7115 East Shore Road, P.O. Box 1041
Traverse City, MI 49685-1041
SS#362-94-8990 DOB 12/10/67
33 1/3% ownership

Tammy J. Hagerty
7508 Peninsula Drive, P.O. Box 1055
Traverse City, MI 49685-1055
SS#369-78-3857 DOB 4/24/59
33 1/3% ownership

Business address for all:
141 River's Edge Dr., Ste. 200, Traverse City, MI 49684
Mailing address for all:
P.O. Box 87, Traverse City, MI 49685-0087