

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2003 8:00 am**  
**Secretary of State**

07-10-2003 90243 025 \*\*\*\*50.00

**DOCUMENT # M02000003033**

1. Entity Name

**TEXAS INSUREAMERICA INSURANCE AGENCY, L.L.C.**



Principal Place of Business

**5000 QUORUM DR., STE. 300  
DALLAS TX 75254**

Mailing Address

**5000 QUORUM DR., STE. 300  
DALLAS TX 75254**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **04-3692446**

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

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

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete  
NAME **KOHUTEK, LELAND R**  
STREET ADDRESS **5000 QUORUM DR., STE. 300**  
CITY-ST-ZIP **DALLAS TX 75254**

TITLE **MGR** ☐ Change ☒ Addition  
NAME **DAVID P. COLLETT**  
STREET ADDRESS **5000 QUORUM DR, STE. 300**  
CITY-ST-ZIP **DALLAS, TX 75254**

TITLE **MGR** ☐ Delete  
NAME **BEATY, ANITA**  
STREET ADDRESS **5000 QUORUM DR., STE. 300**  
CITY-ST-ZIP **DALLAS TX 75254**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 #

**07/10/03 (972) 991-2313**

CR2E083 (4/03)