

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90529 008 ****50.00

DOCUMENT # M02000003208

1. Entity Name
HEATH INSURANCE BROKERS OF FLORIDA LLC



Principal Place of Business
**4445 NORTH A1A, SUITE 240
VERO BEACH, FL 32963**

Mailing Address
**4445 NORTH A1A, SUITE 240
VERO BEACH, FL 32963**

14022658



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05172004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

APPLIED FOR 20-0335254

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

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **ROSS, JAMES C**
STREET ADDRESS **2859 PACES FERRY RD STE 1500**
CITY-ST-ZIP **ATLANTA, GA 30339**

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

TITLE **CEO** ☐ Delete
NAME **KATH, MARSHALL**
STREET ADDRESS **3100 MONTICELLO AVE STE 600**
CITY-ST-ZIP **DALLAS, TX 752053439**

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

TITLE **SCFO** ☒ Delete
NAME **HERNDON, CYNTHIA L**
STREET ADDRESS **3100 MONTICELLO AVE STE 600**
CITY-ST-ZIP **DALLAS, TX 752053439**

TITLE **CFO** ☒ Change ☐ Addition
NAME **KEUER, Joy**
STREET ADDRESS **3100 MONTICELLO AVE STE 600**
CITY-ST-ZIP **DALLAS, TX 752053439**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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

5.17.2004

Date

Daytime Phone #