

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90033 039 ****50.00

DOCUMENT # M03000002597

1. Entity Name
LATITUDE SUBROGATION SERVICES, LLC



Principal Place of Business
**1760 S. TELEGRAPH RD. SUITE 104
BLOOMFIELD HILLS, MI 48302**

Mailing Address
**1760 S. TELEGRAPH RD. SUITE 104
BLOOMFIELD HILLS, MI 48302**

24046612



2. Principal Place of Business
1760 S. Telegraph Rd.

3. Mailing Address
1760 S. Telegraph Rd.

Suite, Apt. #, etc.
Suite 104

Suite, Apt. #, etc.
Suite 104

02192004 Chg-LLC CR2E083 (10/03)

City & State
Bloomfield Hills, MI

City & State
Bloomfield Hills, MI

4. FEI Number
38-3569761

Applied For
☐ Not Applicable

Zip
48302

Country
USA

Zip
48302

Country
USA

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

6. Name and Address of Current Registered Agent

**DRAGONETTI, CANDI
8900 CARIBBEAN BLVD.
MIAMI, FL 33157**

7. Name and Address of New Registered Agent

Name
Sam

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 May 1, 2004.**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FERSHEE, PAUL
1760 S. TELEGRAPH RD. SUITE 104
BLOOMFIELD HILLS, MI 48302** ☐ Delete

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

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: **Paul Fershee**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/24/04 **248-454-3400**
Date Daytime Phone #