

MO5000005067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MO5-5067
OK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2006

WAYNE RAFANELLI
615 SOUTH DUPONT HIGHWAY
DOVER, DE 19901

SUBJECT: PACIFIC WHOLESALE INSURANCE BROKERS, LLC
Ref. Number: M05000005067

We have received your document for PACIFIC WHOLESALE INSURANCE BROKERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 306A00032447

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PACIFIC WHOLESALE INSURANCE BROKERS, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Rafanelli

(Name of Person)

National Corporate Research, Ltd., Inc.

(Firm/Company)

615 South DuPont Highway

(Address)

Dover De 19901

(City/State and Zip Code)

For further information concerning this matter, please call:

Wayne Rafanelli at (302) 734-1450

(Name of Person)

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Pacific Wholesale Insurance Brokers

2470 Satellite Boulevard, Suite 130, Duluth, GA 30096

T 678.740.0200 F 678.740.0999

W www.insurancespecialtygroup.com

PWIB

An ISG Company

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June 13, 2006

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: #M05000005067

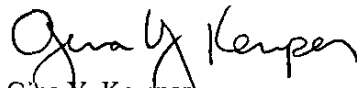
Statement of Change of Registered Agent Office

Dear Sir or Madam:

Attached, please a completed Change of Registered Agent Office Form. The form has been signed by a member of the business entity as per instructed.

Please feel free to contact me, at 678.740.0203, with any questions or concerns that you may have concerning this submission.

Sincerely,


Gina Y. Kemper

Attachments

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED
JUN 20 AM 8:00
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: PACIFIC WHOLESALE INSURANCE BROKERS, LLC
2. The mailing address of the limited liability company is : 2470 SATELLITE BOULEVARD, SUITE 130
DULUTH GA 30096

9/6/05
3. Date of filing/registration in Florida

M05000005067
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NATIONAL CORPORATE RESEARCH, LTD., INC.
Name
103 N. MERIDIAN STREET
Address
TALLAHASSEE FL 32301
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

NATIONAL CORPORATE RESEARCH, LTD., INC.
Name
515 E. PARK AVE.
Florida street address (P.O. Box NOT acceptable)
TALLAHASSEE FL 32301
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

Michael J. Murphy
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Wayne Lafanelli VP
(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00**