

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000005042

1. Entity Name
COLEMONT INSURANCE BROKERS OF FLORIDA LLC



Principal Place of Business
**1705 19TH PLACE, SUITE A1
VERO BEACH, FL 32960**

Mailing Address
**1705 19TH PLACE, SUITE A1
VERO BEACH, FL 32960**



04212008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5462557

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME STEVOFF, DAVID B
STREET ADDRESS 5910 N. CENTRAL EXPRESSWAY, SUITE 400
CITY-ST-ZIP DALLAS, TX 75206

TITLE MGR
NAME BOSTICK, KRIS
STREET ADDRESS 5910 N. CENTRAL EXPRESSWAY, STE. 400
CITY-ST-ZIP DALLAS, TX 75206

TITLE MGR
NAME MAHAN, MICHAEL G
STREET ADDRESS 5910 N. CENTRAL EXPRESSWAY, SUITE 400
CITY-ST-ZIP DALLAS, TX 75206

TITLE MGR
NAME ROSS, CURT
STREET ADDRESS 2859 PACES FERRY ROAD, NW, SUITE 1500
CITY-ST-ZIP ATLANTA, GA 30339

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000937173
05/27/08-80039-011 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kris Bostick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/22/08

Date

Daytime Phone #