

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005042

**FILED**  
**Apr 09, 2011**  
**Secretary of State**

**Entity Name:** COLEMONT INSURANCE BROKERS OF FLORIDA LLC

**Current Principal Place of Business:**

1705 19TH PLACE, SUITE A1  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

5910 N CENTRAL EXPY STE 400  
DALLAS, TX 75206

**New Mailing Address:**

1705 19TH PLACE, SUITE A1  
VERO BEACH, FL 32960

**FEI Number:** 20-5462557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MATAMOROS, ROBERT J  
**Address:** 5910 N. CENTRAL EXPRESSWAY, SUITE 500  
**City-St-Zip:** DALLAS, TX 75206

**Title:** MGR  
**Name:** BOSTICK, KRIS  
**Address:** 5910 N. CENTRAL EXPRESSWAY, STE. 500  
**City-St-Zip:** DALLAS, TX 75206

**Title:** MGR  
**Name:** MAHAN, MICHAEL G  
**Address:** 5910 N. CENTRAL EXPRESSWAY, SUITE 500  
**City-St-Zip:** DALLAS, TX 75206

**Title:** MGR  
**Name:** ROSS, CURT  
**Address:** 5910 N. CENTRAL EXPRESSWAY, SUITE 500  
**City-St-Zip:** DALLAS, TX 75206

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** ANNE MEYER

\_\_\_\_\_  
POA

\_\_\_\_\_  
04/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date