

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005216

1. Entity Name
HUB INTERNATIONAL NEW ENGLAND, LLC



Principal Place of Business
299 BALLARDVALE STREET
WILMINGTON, MA 01887

Mailing Address
299 BALLARDVALE STREET
WILMINGTON, MA 01887

BK

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FILED
07 APR 27 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FL 32300
00009928300A



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
04-2623673

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HUB INSURANCE PARTNERS
299 BALLARDVALE STREET
WILMINGTON, MA 01887

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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: *Charles J. Brophy, III*

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

Charles J. Brophy, III, Authorized Representative 4/24/07 978-657-5100

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

M06000005216

ACCOUNT NO. : 072100000032

REFERENCE : 872685 4304940

AUTHORIZATION :

COST LIMIT :

\$ 50.00

Lyndee

ORDER DATE : April 27, 2007

ORDER TIME : 3:27 PM

ORDER NO. : 872685-005

CUSTOMER NO: 4304940

ANNUAL REPORT FILING

NAME: HUB INTERNATIONAL NEW
ENGLAND, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: _____

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07 APR 27 PM 4:19
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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