

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083010

FILED
Mar 30, 2009
Secretary of State

Entity Name: RHEINGOLD-BICK INSURANCE, LLC

Current Principal Place of Business:

1930 N. COMMERCE PARKWAY STE.4
WESTON, FL 33326

New Principal Place of Business:

1840 MAIN STREET
SUITE 202
WESTON, FL 33326

Current Mailing Address:

1930 N. COMMERCE PARKWAY STE.4
WESTON, FL 33326

New Mailing Address:

1840 MAIN STREET
SUITE 202
WESTON, FL 33326

FEI Number: 20-1907924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCUPAY SERVICES, CORP.
4801 SOUTH UNIVERSITY DRIVE
STE 3000
DAVIE, FL 33328 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: MGRM () Delete
Name: RHEINGOLD, MARC
Address: 1930 N. COMMERCE PARKWAY STE.4
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: BICK, MARIO
Address: 1930 N. COMMERCE PARKWAY STE.4
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RHEINGOLD, MARC
Address: 1840 MAIN STREET, SUITE 202
City-St-Zip: WESTON, FL 33326

Title: MGRM (X) Change () Addition
Name: BICK, MARIO
Address: 1840 MAIN STREET, SUITE 202
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARC RHEINGOLD

PRES

03/30/2009

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