

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000030508

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLAGLER INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1611 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

715 NE 19TH PL  
#34  
CAPE CORAL, FL 33909 US

**Current Mailing Address:**

1611 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

715 NE 19TH PL  
#34  
CAPE CORAL, FL 33909 US

FEI Number: 26-4784093

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCALZO, RON  
1611 CAPE CORAL PARKWAY E  
CAPE CORAL, FL 33904 US

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

SCALZO, RON  
715 NE 19TH PL  
CAPE CORAL, FL 33909 US

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: RON SCALZO

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCALZO, RON  
Address: 715 NE 19TH PL  
City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGRM  
Name: REBA DEVELOPMENT GROUP, LLC  
Address: 715 NE 19TH PL  
City-St-Zip: CAPE CORAL, FL 33909

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: RON SCALZO

MGR

05/01/2012

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