

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006260

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: RESPONSIVE AUTO UNDERWRITERS LLC

**Current Principal Place of Business:**

184 PINES BLVD. #318  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

184 PINES BLVD. #318  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

FEI Number: 75-3256564

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 ( ) Delete  
Name: MACHUL, JOHN  
Address: 184 PINES BLVD. #318  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: AROCHO, VICTOR  
Address: 184 PINES BLVD. #318  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: STEWART, PHILIP  
Address: 184 PINES BLVD. #318  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: FRITZ, WILLIAM  
Address: 184 PINES BLVD. #318  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGR ( ) Delete  
Name: COX, JOHN JR.  
Address: 184 PINES BLVD. #318  
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN D. MACHUL

MGR

01/29/2009

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