

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000017638

**FILED**  
**Apr 15, 2008**  
**Secretary of State**

**Entity Name:** INTERNATIONAL REINSURANCE INTERMEDIARIES LLC

**Current Principal Place of Business:**

2645 EXECUTIVE PARK DR.  
SUITE 152  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2645 EXECUTIVE PARK DR.  
SUITE 152  
WESTON, FL 33331

**New Mailing Address:**

**FEI Number:** 54-2110774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BW&T BUSINESS ADVISERS, INC.  
9050 PINES BOULEVARD, SUITE #450  
PEMBROKE PINES, FL 33024 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: MARTINEZ, GUSTAVO A  
Address: 4466 FOXGLOVE LANE  
City-St-Zip: WESTON, FL 33331

**ADDITIONS/CHANGES:**

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: GUSTAVO MARTINEZ

MGRM

04/15/2008

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