I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GUSTAVO A. MARTINEZ

MARTINEZ, GUSTAVO A

4466 FOXGLOVE LANE Address

City-State-Zip: WESTON FL 33331

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.

FEI Number: 54-2110774

DOCUMENT# L03000017638

2645 EXECUTIVE PARK DR.

Current Mailing Address: 2645 EXECUTIVE PARK DR.

WESTON, FL 33331

WESTON, FL 33331

SUITE 152

SUITE 152

Current Principal Place of Business:

Name and Address of Current Registered Agent:

BW&T BUSINESS ADVISERS, INC. VENETO BUILDING 3600 RED ROAD SUITE 301 MIRAMAR, FL 33025 US

SIGNATURE:

Electronic Signature of Registered Agent

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: INTERNATIONAL REINSURANCE INTERMEDIARIES LLC

Authorized Person(s) Detail : Title MGRM Name

MANAGING DIRECTOR

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 08, 2014 Secretary of State CC2713353870

Certificate of Status Desired: No

01/08/2014

Date