

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000083010

**Entity Name:** RHEINGOLD-BICK INSURANCE, LLC

**Current Principal Place of Business:**

1950 N. COMMERCE PARKWAY  
SUITE 1  
WESTON, FL 33326

**Current Mailing Address:**

1950 N. COMMERCE PARKWAY  
SUITE 1  
WESTON, FL 33326 US

**FEI Number:** 20-1907924

**Certificate of Status Desired:** No

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

ACCUPAY SERVICES, CORP.  
1776 N. PINE ISLAND RD.  
SUITE 216  
PLANTATION, FL 33322 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RHEINGOLD, MARC  
Address 1950 N. COMMERCE PARKWAY  
SUITE 1  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name BICK, MARIO  
Address 1950 N. COMMERCE PARKWAY  
SUITE 1  
City-State-Zip: WESTON FL 33326

*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:** MARIO BICK

**MEMBER**

**03/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date