

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000083010

**FILED**  
**Feb 15, 2013**  
**Secretary of State**  
**CC9216561792**

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

**Current Principal Place of Business:**

1840 MAIN STREET  
SUITE 202  
WESTON, FL 33326

**Current Mailing Address:**

1840 MAIN STREET  
SUITE 202  
WESTON, FL 33326

**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        1840 MAIN STREET, SUITE 202  
City-State-Zip: WESTON FL 33326

Title            MGRM  
Name            BICK, MARIO  
Address        1840 MAIN STREET, SUITE 202  
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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIO BICK

**MGRM**

**02/15/2013**

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

\_\_\_\_\_  
Date