

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000100908

**Entity Name:** 1ST RATE INSURANCE AGENCY LLC

**Current Principal Place of Business:**

889 TOWNE CENTER DR  
KISSIMMEE, FL 34759

**Current Mailing Address:**

578 FINCH CT  
KISSIMMEE, FL 34759

**FEI Number:** 33-1205618

**Certificate of Status Desired:** Yes

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

RODRIGUEZ, MARTHA  
578 FINCH CT  
KISSIMMEE, FL 34759 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            OWNE  
Name            RODRIGUEZ, MARTHA  
Address        578 FINCH CT  
City-State-Zip: KISSIMMEE FL 34759

*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:** MARTHA RODRIGUEZ

**OWNER**

**01/24/2013**

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

\_\_\_\_\_ Date