

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000007375

**Entity Name:** RIM INSURANCE, LLC

**Current Principal Place of Business:**

83 NOTTINGHAM PL.  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

83 NOTTINGHAM PL.  
BOYNTON BEACH, FL 33426 US

**FEI Number:** 82-4006582

**Certificate of Status Desired:** No

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

MICOCCI, ROSA I  
83 NOTTINGHAM PL.  
BOYNTON BEACH, FL 33426 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            AMBR  
Name            MICOCCI, ROSA I  
Address        83 NOTTINGHAM PL.  
City-State-Zip: BOYNTON BEACH FL 33426

Title            MGR  
Name            MICOCCI, MARCO  
Address        83 NOTTINGHAM PL.  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** ROSA MICOCCI

AMBR

06/16/2019

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

\_\_\_\_\_  
Date