FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90211 043 \*\*\*150.00

## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # L0000006249

1. Entity Name

REINSURANCE FINANCIAL SERVICES, L.L.C.



Principal Place of Business Mailing Address C/O GEORGE A. GULISANO CPA C/O GEORGE A. GULISANO CPA 99353 OVERSEAS HWY SUITE 16 99353 OVERSEAS HWY SUITE 16 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1062469 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN O. SUTTON PA 2655 LEJEUNE RD Street Address (P.O. Box Number is Not Acceptable) PENTHOUSE II CORAL GABLES FL 33134 City Zip Code 8. 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. I am familiar with, and accept Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GULISANO, GEORGE A NAME STREET ADDRESS 99353 OVERSEAS HWY SUITE 16 STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP

NAME

STREET ADDRESS

CITY-ST-ZIP

ANGIDATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

305413-533T