

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011387

FILED
Jul 01, 2004
Secretary of State

Entity Name: RBA INSURANCE STRATEGIES, LLC

Current Principal Place of Business:

319 CLEMATIS ST., STE. 408
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

319 CLEMATIS ST., STE. 408
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 51-0006522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, CAROLE
319 CLEMATIS STREET #408
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ASSAD, RIAD B
Address: 4166 WELLINGTON SHORES DR
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM () Delete
Name: ASSAD, EVELYN M
Address: 4166 WELLINGTON SHORES DR
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: RIAD B. ASSAD

MR.

07/01/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date