

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011387

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** RBA INSURANCE STRATEGIES, LLC

**Current Principal Place of Business:**

325 CLEMATIS STREET  
400  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

325 CLEMATIS ST.  
400  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

300 S AUSTRALIAN AVENUE  
1004  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

300 S AUSTRALIAN AVENUE  
1004  
WEST PALM BEACH, FL 33401

**FEI Number:** 65-1130967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, CAROLE P  
325 CLEMATIS STREET  
#400  
WEST PALM BEACH, FL 33401 US

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

JANA, LECHMANOVA  
300 S AUSTRALIAN AVENUE  
1004  
WEST PALM BEACH, FL 33401 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: JANA LECHMANOVA

01/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ASSAD, RIAD B  
Address: 300 S AUSTRALIAN AVENUE, APT 1004  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: ROY ASSAD

MM

01/03/2012

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