


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L01000020205</b> 1. Entity Name R.A.C. PREMIUM FINANCE COMPANY, LLC	
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Principal Place of Business  
6101 BLUE LAGOON DR  
100  
MIAMI, FL 33126

Mailing Address  
6101 BLUE LAGOON DR  
100  
MIAMI, FL 33126



01142005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-1155699

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FREIRE, ROBERTO R  
6101 BLUE LAGOON DRIVE  
SUITE 100  
MIAMI, FL 33126

**DO NOT WRITE  
IN THIS SPACE**

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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

0000000211427  
02/02/05-80119-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUADRA, ENRIQUE 6101 BLUE LAGOON DR. STE-100 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, LUIS 6101 BLUE LAGOON DR. STE 100 MIAMI, FL 33126
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #