

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023073

FILED
Mar 31, 2009
Secretary of State

Entity Name: RIVER CREST INSURANCE, LLC

Current Principal Place of Business:

900 EAST OCEAN BLVD., SUITE 232
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2696
STUART, FL 349952696

New Mailing Address:

FEI Number: 04-3711612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIER, JEFF T AAI
900 EAST OCEAN BLVD.
SUITE D-232
STUART, FL 34994 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/MANAGERS:

Title: P () Delete
Name: MIER, JEFFREY T
Address: 2084 NW 19TH DR.
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: MIER, NICOLE
Address: 2084 NW 19TH DR.
City-St-Zip: STUART, FL 34994

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 exemption stated in Chapter 119, 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: JEFF MIER

PRES

03/31/2009

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