

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005584

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: RUBICON CASUALTY SERVICES, LLC

**Current Principal Place of Business:**

8 MARLIN AVENUE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

8 MARLIN AVENUE  
PONTE VEDRA BEACH, FL 320821722 US

**Current Mailing Address:**

P.O. BOX 415  
PONTE VEDRA BEACH, FL 320040415

**New Mailing Address:**

P.O. BOX 415  
PONTE VEDRA BEACH, FL 320040415 US

FEI Number: 54-2096138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLYNN, SCOTT M.B.  
8 MARLIN AVENUE  
PONTE VEDRA BEACH, FL 32082 US

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

FLYNN, SCOTT M.B.  
8 MARLIN AVENUE  
PONTE VEDRA BEACH, FL 320821722 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:

04/29/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FLYNN, SCOTT MNG DIR  
Address: 8 MARLIN AVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FLYNN, SCOTT MNG DIR  
Address: 8 MARLIN AVE  
City-St-Zip: PONTE VEDRA BEACH, FL 320821722 US

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: SCOTT FLYNN

MGRM

04/29/2008

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