

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000010085

Entity Name: REASEGURAR L.C.

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

335 SOUTH BISCAYNE BLVD  
3507  
MIAMI, FL 33131

## **New Principal Place of Business:**

475 BRICKELL AV.  
2007  
MIAMI, FL 33131

## **Current Mailing Address:**

335 SOUTH BISCAYNE BLVD  
3507  
MIAMI, FL 33131

## **New Mailing Address:**

475 BRICKELL AV.  
2007  
MIAMI, FL 33131

FEI Number: 03-0514189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PASTORE, GUILLERMO  
335 SOUTH BISCAYNE BLVD  
3507  
MIAMI, FL 33131 US

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

PASTORE, GUILLERMO  
475 BRICKELL AVE  
2007  
MIAMI, FL 33131 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: GUILLERMO PASTORE

01/08/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PASTORE, GUILLERMO  
Address: 475 BRICKELL AVE. APT. 2007  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: FILIPPELLO, MARIA  
Address: 475 BRICKELL AVE. APT. 2007  
City-St-Zip: MIAMI, FL 33131

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: GUILLERMO PASTORE

MR

01/08/2012

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