

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034954

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLOOD REBATE INSURANCE, LLC

Current Principal Place of Business:

720 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH, FL 32937

New Principal Place of Business:

964 S. WICKHAM RD
STE 102
WEST MELBOURNE, FL 32904

Current Mailing Address:

PO BOX 999
MELBOURNE, FL 32902

New Mailing Address:

PO BOX 939
MELBOURNE, FL 32902

FEI Number: 11-3703952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANEW, BARRY
720 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH, FL 32937 US

Name and Address of New Registered Agent:

RANEW, BARRY
966 S. WICKHAM RD
STE 102
WEST MELBOURNE, FL 32904 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:

01/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RANEW, BARRY R
Address: 720 E EAU GALLIE BLVD
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RANEW, BARRY R
Address: 966 S. WICKHAM RD STE 102
City-St-Zip: WEST MELBOURNE, FL 32904

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: BARRY RANEW

MGRM

01/08/2009

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