

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000034954

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** FLOOD REBATE INSURANCE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 939  
MELBOURNE, FL 32902

**New Mailing Address:**

**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  
966 S. WICKHAM RD  
STE 102  
WEST MELBOURNE, FL 32904 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: MGRM  
Name: RANEW, BARRY R  
Address: 966 S. WICKHAM RD STE 102  
City-St-Zip: WEST MELBOURNE, FL 32904

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: BARRY R. RANEW

MGRM

01/05/2010

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