2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L03000038764

1. Entity Name ROCKWELL INSURANCE SERVICES, LLC



FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90086 035 ****50.00

					f
Principal Place of Business STE, 200, 2665 S. BAYSHORE DR. MIAMI, FL 33133		Mailing Address STE. 200, 2665 S. BAYSHORE DR. MIAMI, FL 33133			24061516
	ace of Business	3. Mailing Address			
901 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite, 0.02		901 Ponce de Leon Blvd. Suite, Apt. #, etc. Suite 203		a.	04262004 Chg-LLC CR2E083 (10/03)
Suite 203 City & State		City & State			4. FEI Number Applied For
Coral Gables, Florida Zip Country		Coral Gables, Florida Zip Country 33134 USA		<u>-</u>	03-0531076 Not Applicable 5. Certificate of Status Desired \$5.00 Additional
33134	3134 USA 33134 6. Name and Address of Current Registered Agent		USA		Certificate of Status Desired Fee Required Name and Address of New Registered Agent
o. Name and Address of Corrent Registered Agent					/. Name and Address of New Degistered Agent
GRAND BA	2665 S. BAYSHORE DR. AY PLAZA		Street A	Address (I	s (P.O. Box Number is Not Acceptable)
MIAMI, FL 33133			City		FL Zip Code
	named entity submits this statement for ons of registered agent.	the purpose of changing its r	registered office of	or register	lered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	: Registered Agent signa	ature required	red when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Florida Department of State
9.	MANAGING MEMBE		10.	1 752	ADDITIONS/CHANGES
TITLE NAME		☐ Delete	TITLE NAME		RM - President
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	901	Stavo I. Chomat Ponce de Leon Blvd., Suite 203
TITLE		☐ Delete	THILE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	tal Gables, FL 33134 ☐ Change 🖾 Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		ialdine Froget Ponce de Leon Blvd., Suite 203
TITLE			TITLE		tal Gables, FL 33134
NAME STREET ADDRESS CITY-ST-ZIP		•	NAME STREET ADDRESS CITY-ST-ZIP		-
TITLE		☐ Delete	TITLE	† · · · ·	Admin. V-P ☐ Change 🖒 Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	901	vria Cristina Ferran 11 Ponce de Leon Blvd., Suite 203
CITY-ST-ZIP		Delete	CITY-ST-ZIP	+-Cor	oral Gables, FL 33134 Change Addition
NAME STREET ADDRESS CITY-ST-ZIP		มของ	NAME STREET ADDRESS CITY-ST-ZIP		Unitings
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
11. I hereby c indicated limited liab	ertify that the information supplied with on this report is true and accurate and pility company or the regeiver or truster	this filing does not qualify for that pro signature shall have to empowered to execute this r	the exemption st the same legal eff report as required	ated in Se lect as if n d by Chap	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.

SIGNATURE: Mouta Gustavo I. Chomat
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/27/04

(305) 448-0743