

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90086 035 \*\*\*\*50.00

<b>DOCUMENT # L03000038764</b>	
1. Entity Name ROCKWELL INSURANCE SERVICES, LLC	

Principal Place of Business STE. 200, 2665 S. BAYSHORE DR. MIAMI, FL 33133	Mailing Address STE. 200, 2665 S. BAYSHORE DR. MIAMI, FL 33133
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**24061516**



2. Principal Place of Business 901 Ponce de Leon Blvd.	3. Mailing Address 901 Ponce de Leon Blvd.
Suite, Apt. #, etc. Suite 203	Suite, Apt. #, etc. Suite 203
City & State Coral Gables, Florida	City & State Coral Gables, Florida
Zip 33134	Country USA
Zip 33134	Country USA

04262004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent O'NAGHTEN, JUAN T STE. 200, 2665 S. BAYSHORE DR. GRAND BAY PLAZA MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Gustavo Chomat Gustavo I. Chomat 4/27/04 (305) 448-0743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #