

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000038764

**FILED**  
**Nov 02, 2007**  
**Secretary of State**

**Entity Name:** ROCKWELL INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD., STE 203  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD.,  
SUITE 203  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 03-0531076      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

O'NAGHTEN, JUAN T  
2950 SW 27 AVE  
SUITE 300  
MIAMI, FL 33133 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: JUAN T O

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHOMAT, GUSTAVO I  
Address: 901 PONCE DE LEON BLVD., STE 203  
City-St-Zip: CORAL GABLES, FL 33134

Title: EVP ( ) Delete  
Name: FROGET, GERALDINE  
Address: 901 PONCE DE LEON BLVD., STE 203  
City-St-Zip: CORAL GABLES, FL 33134

Title: AVP (X) Delete  
Name: FERRAN, MARIA C  
Address: 901 PONCE DE LEON BLVD., STE 203  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUSTAVO I CHOMAT

MGRM

11/02/2007

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