

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038764

FILED
Jul 08, 2008
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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: _____

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

ADDITIONS/CHANGES:

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

07/08/2008

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