

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038764

FILED  
Apr 10, 2012  
Secretary of State

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

**Current Principal Place of Business:**

901 PONCE DE LEON BLVD.  
SUITE 300  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

901 PONCE DE LEON BLVD.  
SUITE 300  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHOMAT, GUSTAVO I  
Address: 901 PONCE DE LEON BLVD., STE 300  
City-St-Zip: CORAL GABLES, FL 33134

Title: EVP  
Name: FROGET, GERALDINE  
Address: 901 PONCE DE LEON BLVD., STE 300  
City-St-Zip: CORAL GABLES, FL 33134

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: GUSTAVO I. CHOMAT

MGRM

04/10/2012

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