

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000029108

Entity Name: REST INSURED, LLC

**FILED**  
**Mar 31, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

535 WHEATSTONE PLACE  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

1517 E. HILLCREST STREET  
ORLANDO, FL 32803

**New Mailing Address:**

535 WHEATSTONE PLACE  
ORLANDO, FL 32835

FEI Number: 20-1006961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMALLEY, CRAIG W  
1517 E. HILLCREST STREET  
ORLANDO, FL 32803 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: PIKE, TONY  
Address: 535 WHEATSTONE PLACE  
City-St-Zip: ORLANDO, FL 32803 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PIKE, ANTHONY  
Address: 535 WHEATSTONE PLACE  
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY L. PIKE

MGRM

03/31/2005

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