## **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000064922

1. Entity Name

MERCURY REINSURANCE INTERMEDIARY, LLC



Principal Place of Business

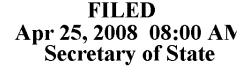
Mailing Address

13701 S.W. 88 ST.

13701 S.W. 88 ST.

MIAMI, FL 33186

MIAMI, FL 33186





04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number			Applied For
41-2166043			Not Applicable
E Cartificate of Status Desired	\$5.0	0	Additional

6. Name and Address of Current Registered Agent

QUIJADA, CARLOS 13701 S.W. 88 ST. 202

MIAMI, FL 33186

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	The above named entity submits this statement for the purpose of cr	hanging its registered office or registered agent, or bo	th, in the State of Florida. I a	m familiar with, and accept
	the obligations of registered agent.			
01/	NATURE			
SIC	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
_				

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	QUIJADA, CARLOS	
STREET ADDRESS	13701 S.W. 88 ST., SUITE 202	
CITY-\$1-ZIP	MIAMI, FL 33186	
TITLE	MGR	
NAME	TORRENCE, KATHLEEN	
STREET ADDRESS	13701 S.W. 88 ST., SUITE 202	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		DØ NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAM

F BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE