2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083010

Entity Name: RHEINGOLD-BICK INSURANCE, LLC

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1930 N. COMMERCE PARKWAY STE.4 1840 MAIN STREET WESTON, FL 33326

SUITE 202

WESTON, FL 33326

Current Mailing Address: New Mailing Address:

1930 N. COMMERCE PARKWAY STE.4 1840 MAIN STREET WESTON, FL 33326 SUITE 202

WESTON, FL 33326

FEI Number: 20-1907924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ACCUPAY SERVICES, CORP 4801 SOUTH UNIVERSITY DRIVE STE 3000 DAVIE, FL 33328 US

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: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition RHEINGOLD, MARC Name: Name: RHEINGOLD, MARC

Address: 1930 N. COMMERCE PARKWAY STE.4 Address: 1840 MAIN STREET, SUITE 202

City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326

Title: MGRM Title: MGRM (X) Change () Addition () Delete

Name: BICK, MARIO Name: BICK, MARIO

Address: 1930 N. COMMERCE PARKWAY STE.4 Address: 1840 MAIN STREET, SUITE 202

City-St-Zip: WESTON, FL 33326 City-St-Zip: WESTON, FL 33326

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: MARC RHEINGOLD **PRES** 03/30/2009