

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014115

FILED  
Feb 05, 2008  
Secretary of State

Entity Name: BARS INSURANCE & REINSURANCE, L.L.C.

**Current Principal Place of Business:**

1110 BRICKELL AVE.  
SUITE 212  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

1110 BRICKELL AVE.  
SUITE 212  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 59-3797400      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GUZMAN & GUZMAN, P.A.  
C/O MARIO I. GUZMAN  
9130 S DADELAND BLVD., STE #1600  
MIAMI, FL 33156 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: LA HOLANDO SUDAMERIC, ANA CORP  
Address: 9130 SOUTH DADELAND BLVD., SUITE #1600  
City-St-Zip: MIAMI, FL 33156

Title: MGRM ( ) Delete  
Name: PASTORE, GUILLERMO  
Address: 9130 SOUTH DADELAND BLVD. SUITE 1600  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: DICK, RAUL R  
Address: 1200 BRICKELL BAY DRIVE APT. 1621  
City-St-Zip: MIAMI, FL 33131

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: DICK RAUL R

MGRM

02/05/2008

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