

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000076513

1. Entity Name
UNITED FINANCIAL AND REINSURANCE LLC



Principal Place of Business
1551 N FLAGLER DR STE 1116
WEST PALM BEACH, FL 33401

Mailing Address
1551 N FLAGLER DR STE 1116
WEST PALM BEACH, FL 33401



01162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3197695

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CECCHINI, WALTER R JR.
1551 N FLAGLER DR 1116
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CECCHINI, WALTER R JR.
STREET ADDRESS	1551 N FLAGLER DR 11116
CITY-ST-ZIP	WEST PALM BEACH, FL 33401

TITLE	
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02/02/07-80020-027 55.00

**DO NOT WRITE
IN THIS SPACE**

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:

Walter R Cecchini Jr.

Walter R. Cecchini Jr.

1-23-07

(361) 837-9201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #