

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000076513

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** UNITED FINANCIAL AND REINSURANCE LLC

**Current Principal Place of Business:**

3800 N OCEAN DR, 1050  
SINGER ISLAND, FL 33404

**New Principal Place of Business:**

3800 N OCEAN DR.  
1050  
SINGER ISLAND, FL 33404

**Current Mailing Address:**

3800 N OCEAN DR, 1050  
SINGER ISLAND, FL 33404

**New Mailing Address:**

3800 N OCEAN DR  
1050  
SINGER ISLAND, FL 33404

**FEI Number:** 75-3197695

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

CECCHINI, WALTER R JR.  
3800 N. OCEAN DR.  
#1050  
SINGER ISLAND, FL 33404 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: WALTER R. CECCHINI JR.

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CECCHINI, WALTER R JR.  
Address: 1551 N FLAGLER DR 11116  
City-St-Zip: WEST PALM BEACH, FL 33401

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CECCHINI, WALTER R JR.  
Address: 3800 N. OCEAN DR., #1050  
City-St-Zip: SINGER ISLAND, FL 33404

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: WALTER R. CECCHINI JR.

MGR

04/28/2009

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