2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# L06000024800

Entity Name: RELIANCE MENDOZA PARTNERS, LLC

Current Principal Place of Business:

422 SUMMER STREET
STAMFORD, CT 06901

New Principal Place of Business:

Current Mailing Address:

422 SUMMER STREET
STAMFORD, CT 06901

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAVARY, JOHNSON S JR.,ESQ
1990 MAIN STREET, SUITE 700
SARASOTA, FL 34237 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: MGR ( ) Delete
Name: DARDIS, KENNETH
Address: 422 SUMMER STREET
City-St-Zip: STAMFORD, CT 06901

Title: MGR ( ) Delete
Name: STARR, CHARLES L III
Address: 4030 GULF OF MEXICO DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228

Title: MGR ( ) Delete
Name: GAUDIO, JOSEPH R
Address: 6 OAKLEIGH COURT
City-St-Zip: ROWAYTON, CT 06853

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DARDIS, KENNETH C
Address: 422 SUMMER STREET
City-St-Zip: STAMFORD, CT 06901

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: KENNETH C. DARDIS MGR 04/13/2007

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