

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071645

Entity Name: RFI INSURANCE, LLC

FILED
Jan 29, 2007
Secretary of State

Current Principal Place of Business:

166 ORCHARD LANE
ORMOND BEACH, FL 32176

New Principal Place of Business:

36 BAY POINTE DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

166 ORCHARD LANE
ORMOND BEACH, FL 32176

New Mailing Address:

36 BAY POINTE DRIVE
ORMOND BEACH, FL 32174

FEI Number: 11-3784677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IOCCO, ROBERT F
166 ORCHARD LANE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

IOCCO, ROBERT F
36 BAY POINTE DRIVE
ORMOND BEACH, FL 32174 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: _____

01/29/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: IOCCO, ROBERT F
Address: 166 ORCHARD LANE
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: IOCCO, ROBERT F
Address: 36 BAY POINTE DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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: ROBERT F. IOCCO

MR.

01/29/2007

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