

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 12, 2009
Secretary of State**

DOCUMENT# L06000071645

Entity Name: RFI INSURANCE, LLC

Current Principal Place of Business:

2424 VISTA PALM
EDGEWATER, FL 32141

New Principal Place of Business:

Current Mailing Address:

2424 VISTA PALM
EDGEWATER, FL 32141

New Mailing Address:

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
2424 VISTA PALM
EDGEWATER, FL 32141 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: IOCCO, ROBERT F
Address: 2424 VISTA PALM
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES:

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

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: ROBERT F IOCCO

MR.

01/12/2009

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