

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071645

**FILED
Feb 18, 2011
Secretary of State**

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

I hereby 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 MGR 02/18/2011

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