

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103889

FILED
Mar 17, 2009
Secretary of State

Entity Name: RESOURCE INSURANCE, LLC

Current Principal Place of Business:

7300 PARK STREET
SEMINOLE, FL 33777

New Principal Place of Business:

Current Mailing Address:

7300 PARK STREET
SEMINOLE, FL 33777

New Mailing Address:

FEI Number: 26-1496787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BACON, DAVID A
2959 FIRST AVENUE NORTH
ST. PETERSBURG, FL 33713 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: P () Delete
Name: REINHARDT, DEBRA
Address: 7300 PARK STREET
City-St-Zip: SEMINOLE, FL 33777 US

Title: VP () Delete
Name: FREDA, ALBERTO
Address: 7300 PARK STREET
City-St-Zip: SEMINOLE, FL 33777 US

Title: T () Delete
Name: REINHARDT, ROBERT
Address: 7300 PARK STREET
City-St-Zip: SEMINOLE, FL 33777 US

Title: S () Delete
Name: FREDA, CINDY
Address: 7300 PARK STREET
City-St-Zip: SEMINOLE, FL 33777 US

Title: D () Delete
Name: THOMAS, DOROTHY
Address: 7300 PARK STREET
City-St-Zip: SEMINOLE, FL 33777 US

ADDITIONS/CHANGES:

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

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

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

Title: () Change () Addition
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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 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: DEBRA REINHARDT

P

03/17/2009

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