

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000119

FILED  
Jan 20, 2011  
Secretary of State

**Entity Name:** KDR INSURANCE & FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

5889 S WILLIAMSON BLVD  
#205  
PORT ORANGE, FL 32128 US

**Current Mailing Address:**

5889 S WILLIAMSON BLVD  
#205  
PORT ORANGE, FL 32128 US

**New Principal Place of Business:**

5889 S WILLIAMSON BLVD  
#214  
PORT ORANGE, FL 32128 US

**New Mailing Address:**

5889 S WILLIAMSON BLVD  
#214  
PORT ORANGE, FL 32128 US

**FEI Number:** 20-3377353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAVI, KERRY L  
5889 S WILLIAMSON BLVD  
#205  
PORT ORANGE, FL 32128 US

**Name and Address of New Registered Agent:**

RAVI, KERRY L  
5889 S WILLIAMSON BLVD  
#214  
PORT ORANGE, FL 32128 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: KERRY RAVI

01/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: RAVI, KERRY L  
Address: 5889 S WILLIAMSON BLVD. STE 214  
City-St-Zip: PORT ORANGE, FL 32128 US

Title: VP  
Name: RAVI, DENNIS V  
Address: 5889 S WILLIAMSON BLVD., STE 214  
City-St-Zip: PORT ORANGE, FL 32128 US

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: KERRY RAVI

PRES

01/20/2011

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