

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000119

**FILED**  
**Feb 20, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-3377353

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

02/20/2012

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