## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053370

**Entity Name:** ALMONTE REINSURANCE LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

960 MARINER DR

KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

960 MARINER DR. KEY BISCAYNE, FL 33149

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

SCOPETTA, GEORGE CONTRERAS, ALEXANDER 16601 NW 8TH AVE. 3770 NW 197 TERR.

MIAMI, FL 33169 US MIAMI GARDENS, FL 33055 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: ALEXANDER CONTRERAS 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 GRCIA, JOSE

 Address:
 960 MARINER DR.

 Address:
 960 MARINER DR.

Address:
960 MARINER DR.

City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 CONTRERAS, ALEXANDER
 Name:

 Address:
 3770 NW 197 TERR
 Address:

 City-St-Zip:
 MIAMI GARDENS, FL 33055
 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: ALEXANDER CONTRERAS MGR 04/30/2009