

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000053370

Entity Name: ALMONTE REINSURANCE LLC

FILED
Oct 26, 2009
Secretary of State

Current Principal Place of Business:

960 MARINER DR.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

960 MARINER DR.
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 26-3131274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONTRERAS, ALEXANDER
3770 NW 197 TERR.
MIAMI GARDENS, FL 33055 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 () Delete
Name: GARCIA, JOSE
Address: 960 MARINER DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR () Delete
Name: CONTRERAS, ALEXANDER
Address: 3770 NW 197 TERR
City-St-Zip: MIAMI GARDENS, FL 33055

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCOPETTA, GEORGE
Address: 960 MARINER DR.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGR (X) Change () Addition
Name: JOHN, SCOPETTA
Address: 10301 SW 87 CT
City-St-Zip: MIAMI, FL 33176

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: GEORGE SCOPETTA

PRE

10/26/2009

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