

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000010441

**FILED**  
**Jun 20, 2011**  
**Secretary of State**

**Entity Name:** RC INSURANCE BROKERS, LLC

**Current Principal Place of Business:**

201 S. BISCAYNE BLVD., STE 905  
MIAMI, FL 33131

**New Principal Place of Business:**

201 S. BISCAYNE BLVD.,  
STE 905  
MIAMI, FL 33131 US

**Current Mailing Address:**

201 S. BISCAYNE BLVD., STE 905  
MIAMI, FL 33131

**New Mailing Address:**

201 S. BISCAYNE BLVD.,  
STE 905  
MIAMI, FL 33131 US

**FEI Number:** 26-4174614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERO, OSWALDO S MGR  
799 BRICKELL PLAZA  
SUITE 705  
MIAMI, FL 33131 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  
Name: RIVERO, OSWALDO  
Address: 201 S. BISCAYNE BLVD., STE 905  
City-St-Zip: MIAMI, FL 33131 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: OSWALDO RIVERO

MGR

06/20/2011

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