

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075708

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA FLOOD INSURANCE REBATE LLC

**Current Principal Place of Business:**

5420 LAND O LAKES BLVD.  
SUITE 101  
LAND O LAKES, FL 34639

**New Principal Place of Business:**

19011 CHISLEHURST DR.  
LAND O LAKES, FL 34638

**Current Mailing Address:**

5420 LAND O LAKES BLVD.  
SUITE 101  
LAND O LAKES, FL 34639

**New Mailing Address:**

19011 CHISLEHURST DR.  
LAND O LAKES, FL 34638

**FEI Number:** 27-0700413      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

HULLING, BRENT C  
19011 CHISLEHURST DR.  
LAND O LAKES, FL 34638      US

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

HULLING, TRICE D  
14008 SHADY SHORES DR.  
TAMPA, FL 33613      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: TRICE D HULLING

05/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HULLING, TRICE D  
**Address:** 14008 SHADY SHORES DR.  
**City-St-Zip:** TAMPA, FL 33613 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: TRICE D HULLING

MGRM

05/04/2010

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