

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003408

**FILED**  
**Apr 04, 2007**  
**Secretary of State**

**Entity Name:** RETIREMENT & INSURANCE RESOURCES, LLC

**Current Principal Place of Business:**

1185 IMMOKALEE ROAD  
SUITE 120  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

1185 IMMOKALEE ROAD  
SUITE 120  
NAPLES, FL 34110

**New Mailing Address:**

**FEI Number:** 15-6467123      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

SMARG, RICHARD M  
1185 IMMOKALEE RD., STE 120  
NAPLES, FL 34110 US

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

SMARG, RICHARD M  
1185 IMMOKALEE ROAD  
SUITE 120  
NAPLES, FL 34110 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/04/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMARG, RICHARD M  
Address: 1185 IMMOKALEE RD., STE 120  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD M. SMARG

MGRM

04/04/2007

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