

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001903

1. Entity Name
RUSHMORE INSURANCE SERVICES, L.L.C.



Principal Place of Business
2121 PONCE DE LEON, SUITE 1100
CORAL GABLES, FL 33134

Mailing Address
2121 PONCE DE LEON, SUITE 1100
CORAL GABLES, FL 33134

U00000505568
04/26/06-80121-016 50.00



04062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0906989

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PRICE, JEROME T
2121 PONCE DE LEON, SUITE 1100
CORAL GABLES, FL 33134

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME PRICE, JEROME T
STREET ADDRESS 2121 PONCE DE LEON, SUITE 1100
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGRM
NAME KIRZNER, ALAN
STREET ADDRESS 2121 PONCE DE LEON, SUITE 1100
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Jerome T. Price Jerome T. Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06 305-442-2200