

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L99000001903**

RUSHMORE INSURANCE SERVICES, L.L.C.



Principal Place of Business

Mailing Address

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

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# **FILED** Mar 01, 2007 08:00 A Secretary of State



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02242007 No Chg-LLC

CR2E083 (11/05)

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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8.	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bot	th, in the State of Florida.	I am tamiliar with, and acce	р
	the obligations of registered agent.			
		•	•	
SIC	GNATURE			
310	GIVATORE			

Filing Fee is \$50.00 Due by May 1, 2007

03/12/07-80026-005 50.00

#### MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME PRICE, JEROME T STREET ADDRESS 2121 PONCE DE LEON, SUITE 1100 CITY-ST-ZIP CORAL GABLES, FL 33134 MGRM TITLE KIRZNER, ALAN NAME STREET ADDRESS 2121 PONCE DE LEON, SUITE 1100 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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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.