

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000041651

FILED
Jun 11, 2009
Secretary of State

Entity Name: MICKEY H. RAWLS INSURANCE, LLC

Current Principal Place of Business:

1905 S W 13TH ST
SUITE 1
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1905 SW 13 TH ST
SUITE 1
GAINESVILLE, FL 32609

New Mailing Address:

1905 S W 13TH ST
SUITE 1
GAINESVILLE, FL 32609

FEI Number: 20-0460769 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

RAWLS, MICKEY H
1905 SW 13TH ST
SUITE 1
GAINESVILLE, FL 32609 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: MICKEY H. RAWLS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAWLS, MICKEY H
Address: 1905 NW 13TH ST SUITE 1
City-St-Zip: GAINESVILLE, FL 32609

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 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: MICKEY H. RAWLS

MGR

06/11/2009

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