

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 01, 2009
Secretary of State**

DOCUMENT# L08000094062

Entity Name: SAFEGUARD INSURANCE AGENCY OF FLORIDA LLC

Current Principal Place of Business:

607 SW PARK STREET
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

Current Mailing Address:

607 SW PARK STREET
OKEECHOBEE, FL 34972 US

New Mailing Address:

FEI Number: 26-3488118 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:

OCAIN, TIFFANY K
2065 NW 2ND STREET
OKEECHOBEE, FL 34972 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: TIFFANY K OCAIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OCAIN, TIFFANY K
Address: 2065 NW 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: MGRM () Delete
Name: OCAIN, MICHAEL S
Address: 2065 NW 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

ADDITIONS/CHANGES:

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

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: TIFFANY K OCAIN

MGR

10/01/2009

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