

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000118025

**FILED**  
**Nov 04, 2011**  
**Secretary of State**

**Entity Name:** RESORT OWNER PROTECTION SERVICES OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

6611 SOUTHPOINT PKWY  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

6611 SOUTHPOINT PKWY  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

FEI Number: 27-3945017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALLO, MARIA A  
6611 SOUTHPOINT PKWY  
JACKSONVILLE, FL 32216 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: MARIA A. GALLO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GALLO, MICHAEL D  
Address: 6611 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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: MICHAEL GALLO

MGR

11/04/2011

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