

# 2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000141873

**FILED**  
**Feb 19, 2013**  
**Secretary of State**

**Entity Name:** INSURANCE MEETING NETWORK LLC

**Current Principal Place of Business:**

9702 CAMBERLEY CIRCLE  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

9702 CAMBERLEY CIRCLE  
ORLANDO, FL 32836

**New Mailing Address:**

FEI Number: 45-4100429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CATAN, DARLENE  
9702 CAMBERLEY CIRCLE  
ORLANDO, FL 32836 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: DARLENE CATAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: CATAN, DARLENE  
Address: 9702 CAMBERLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: DARLENE CATAN

P

02/19/2013

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