

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000074479

Entity Name: THE INSURANCE HUB, LLC

Current Principal Place of Business:

4029 MAVERICK AVE
SARASOTA, FL 34233

Current Mailing Address:

PO BOX 5069
SARASOTA, FL 34277 US

FEI Number: 45-5165614

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CESAR CHACON
4029 MAVERICK AVE
SARASOTA, FL 34233 US

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: CESAR CHACON

01/12/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title OWNER
Name CHACON, CESAR
Address 4029 MAVERICK AVE
City-State-Zip: SARASOTA FL 34233

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CESAR CHACON

MANAGER

01/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date