# that my name appears above, or on an attachment with all other like empowered.

#### SIGNATURE: MADELAINE L MARTINEZ

Electronic Signature of Signing Authorized Person(s) Detail

#### DOCUMENT# L13000111758 Entity Name: HARBOR & ASSOCIATES INSURANCE BROKERS, LLC

### **Current Principal Place of Business:**

921 NW 13TH STREET GAINESVILLE. FL 32601

#### **Current Mailing Address:**

921 NW 13TH STREET GAINESVILLE. FL 32601 US

#### FEI Number: 46-3353829

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

MARTINEZ, MADELAINE L 10310 NE 99TH PLACE ARCHER, FL 32618 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: MADELAINE L MARTINEZ

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGRM
Name	MARTINEZ, MADELAINE L
Address	921 NW 13TH STREET
City-State-Zip:	GAINESVILLE FL 32601

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

03/10/2015 Date

Mar 10, 2015 Secretary of State CR6482675756

FILED

Certificate of Status Desired: No

Date

03/10/2015

## 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

MGRM