

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000165515

Entity Name: NATIONAL INSURANCE BENEFITS CENTER ADVISORS, LLC

Current Principal Place of Business:

1835 E. HALLANDALE BEACH BLVD.
#876
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1835 E. HALLANDALE BEACH BLVD.
#876
HALLANDALE BEACH, FL 33009 US

FEI Number: 47-5184658

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERENCHIK, JOHN D
1835 E. HALLANDALE BEACH BLVD.
#876
HALLANDALE BEACH, FL 33009 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: JOHN D FERENCHIK

04/12/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FERENCHIK, CYNTHIA E
Address 1835 E. HALLANDALE BEACH BLVD.
#876
City-State-Zip: HALLANDALE BEACH FL 33009

Title MGRM
Name FERENCHIK, JOHN D
Address 1835 E. HALLANDALE BEACH BLVD.
#876
City-State-Zip: HALLANDALE BEACH FL 33009

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: JOHN D FERENCHIK

MGRM

04/12/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date