

**2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000016864

**Entity Name:** SHIELD INSURANCE LLC

**Current Principal Place of Business:**

4545 FOREST HILL BLVD  
5  
WEST PALM BEACH, FL 33461

**Current Mailing Address:**

113 MORGATE CIRCLE  
ROYAL PALM BEACH, FL 33411 US

**FEI Number:** 81-1294594

**Certificate of Status Desired:** No

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

FAVARD, ROUDINY  
113 MORGATE CIRCLE  
ROYAL PALM BEACH, FL 33411 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:** ROUDINY FAVARD

10/07/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FAVARD, ROUDINY  
Address 113 MORGATE CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title AMGR  
Name ALEXANDRE, JOHANNE K  
Address 113 MORGATE CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MGR  
Name FAVARD, FERNANDE MARIE  
Address 113 MORGATE CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** ROUDINY FAVARD

MGR

10/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date