# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Mar 22, 2005**
**Secretary of State**

DOCUMENT# L01000017793

**Entity Name:** NORTH AMERICAN INSURANCE EXCHANGE LLC

**Current Principal Place of Business:**

3000 NORTH PALM AIRE DRIVE, SUITE 207
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

3000 NORTH PALM AIRE DRIVE, SUITE 207
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number: 65-1150090** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

JUIFFRE, DOUGLAS S
3000 NORTH PALM AIRE DRIVE, SUITE 207
POMPANO BEACH, FL 33069 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: DOUGLAS JUIFFRE

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete
Name: JUIFFRE, DOUGLAS
Address: 3000 NORTH PALM AIRE DRIVE, SUITE 207
City-St-Zip: POMPANO BEACH, FL 33069

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: JUIFFRE, DOUGLAS
Address: 3000 NORTH PALM AIRE DRIVE, SUITE 207
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: DOUGLAS JUIFFRE MGRM 03/22/2005

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