

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000012887

Entity Name: ILS PARTNERS, LLC

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

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

1101 GULF BREEZE PKWY  
#115  
GULF BREEZE, FL 32561

## **Current Mailing Address:**

1101 GULF BREEZE PKWY  
#115  
GULF BREEZE, FL 32561

## **New Principal Place of Business:**

400 GULF BREEZE PKWY  
#201  
GULF BREEZE, FL 32561

## **New Mailing Address:**

400 GULF BREEZE PKWY  
#201  
GULF BREEZE, FL 32561

FEI Number: 37-1428254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNER, JUSTIN  
1101 GULF BREEZE PKWY  
#115  
GULF BREEZE, FL 32561 US

## **Name and Address of New Registered Agent:**

CONNER, JUSTIN  
400 GULF BREEZE PKWY  
#201  
GULF BREEZE, FL 32561 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: JUSTIN CONNER

02/01/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CONNER, JUSTIN M  
Address: 955 GONDOLIER  
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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: JUSTIN CONNER

MR

02/01/2012

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