

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000033674

FILED
Nov 02, 2006
Secretary of State

Entity Name: GAGLIARDI INSURANCE SERVICES, LLC

Current Principal Place of Business:

1101 BELCHER ROAD, SUITE #G
LARGO, FL 33771

New Principal Place of Business:

167 24TH AVENUE NORTH
ST PETERSBURG, FL 33704

Current Mailing Address:

1101 BELCHER ROAD, SUITE #G
LARGO, FL 33771

New Mailing Address:

167 24TH AVENUE NORTH
ST PETERSBURG, FL 33704

FEI Number: 02-0663777 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCEWEN, DAVID B ESQUIRE
100 FIRST AVENUE SOUTH, #340
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

MCEWEN, DAVID B ESQUIRE
560 FIRST AVENUE NORTH
ST PETERSBURG, FL 33701 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: DAVID MCEWEN

11/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GAGLIARDI, JAMES A
Address: 1101 BELCHER ROAD, SUITE #G
City-St-Zip: LARGO, FL 99771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAGLIARDI, JAMES A
Address: 167 24TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JAMES GAGLIARDI

MGRM

11/02/2006

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