2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000001459

Entity Name: IRA INSURANCE, LLC

FILED May 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

360 AVENUE STE. 208
CORAL GABLES, FL 33146
360 AVENUE STE. 206
CORAL GABLES, FL 33146
CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

 360 AVENUE STE. 208
 360 AVENUE STE. 206

 CORAL GABLES, FL 33146
 CORAL GABLES, FL 33146

FEI Number: 45-0496559 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: Name and Address of New Registered Agent:

ALVAREZ, IRAIDA RODRIGU
360 AVENUE STE. 208
CORAL GABLES, FL 33146 US
ALVAREZ, IRAIDA RODRIGU
360 AVENUE STE. 206
CORAL GABLES, FL 33146 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: ALVAREZ, IRAIDA R 05/09/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:ALVAREZ, IRAIDA RName:ALVAREZ, IRAIDA RAddress:360 AVENUE STE. 208Address:360 AVENUE STE. 206City-St-Zip:CORAL GABLES, FL 33146City-St-Zip:CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify 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: ALVAREZ, IRAIDA R MGRM 05/09/2008