

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

DOCUMENT# L04000002573

**Entity Name:** BURR INSURANCE, LLC

**Current Principal Place of Business:**

1712 WINDING OAKS DR.  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

1712 WINDING OAKS DR.  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 20-2223712      **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:**

BURR, DAVID M  
1712 WINDING OAKS DR.  
ORLANDO, FL 32825    US

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

BURR, DAVID M MGRM  
1712 WINDING OAKS DR.  
ORLANDO, FL 32825    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 BURR

01/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BURR, DAVID M  
Address: 1712 WINDING OAKS DR.  
City-St-Zip: ORLANDO, FL 32825 US

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: DAVID BURR

MGRM

01/11/2006

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