## 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L04000023804

Entity Name: LUIGI INSURANCE SERVICES, LLC

DELRAY BEACH, FL 33444

City-St-Zip:

FILED Mar 19, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
145 SE 1ST AV DELRAY BEAC					
Current Mailing Address:			New Mailing Address:		
145 SE 1ST AV DELRAY BEAC					
		ber Applied For() , the limited liability compa egistered Agent:	ny did not receive the prior		
	NRY C AND PARK BLVD DALE, FL 33311	US			
The above name in the State of F		is statement for the purp	oose of changing its reg	istered office or registered agent, or both	
SIGNATURE:	HENRY C JOACE	JS			
_	Electronic Signatu	re of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANG	ADDITIONS/CHANGES:	
	R () Delete RENT, LUIGI S.E. 1ST AVENUE		Title: Name: Address:	() Change () Addition	

City-St-Zip:

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: LUIGI LAURENT MGR 03/19/2007