

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000023804

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** LUIGI INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

145 SE 1ST AVENUE  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

142 SE 1ST AVENUE  
SUITE B  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

145 SE 1ST AVENUE  
DELRAY BEACH, FL 33444

**New Mailing Address:**

142 SE 1ST AVENUE  
SUITE B  
DELRAY BEACH, FL 33444

**FEI Number:** 06-1691553      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

JOACEUS, HENRY C  
2754 W. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33311      US

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

JOACEUS, HENRY C  
1130 SEAGRAPE CIRCLE  
DELRAY BEACH, FL 33445      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: JOACEUS HENRY

02/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LAURENT, LUIGI  
Address: 145 S.E. 1ST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LUIGI LAURENT

VP

02/26/2009

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