

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000076857

1. Entity Name
LMS-SOUTH INSURANCE SERVICES INTERNATIONAL,
LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:54

Principal Place of Business
7154 North University Dr.
Suite 78
Tamarac, FL 33321

Mailing Address
7154 North University Dr.
Suite 78
Tamarac, FL 33321

NOTE NEW ADDRESS

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10042006 REIN-LLC CR2E101 (11/05)

4. FEI Number
20-1748861

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODIG, GREGORY J
100 W CYPRESS PARK, SUITE 700
FORT LAUDERDALE, FL 33309

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *Gregory J. Blodig*

(NOTE: Registered Agent signature required when reinstating)

DATE

12-12-06

FILE NOW!!! FEE IS \$50.00
After January 1, 2007, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRES
MARTONE, JR, JOHN A PRES
14 MANOR DRIVE
EAST STROUDSBURG, PA 18301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
400082635724
12/19/06--01025--002 **50.00

TITLE
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REINSTATEMENT 2006

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

JOHN A. MARTONE, JR.

12/12/06 570-223-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone