

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000088185

FILED
Oct 16, 2006
Secretary of State

Entity Name: NATIONAL INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

3201 N.E. 183RD STREET
SUITE 507
AVENTURA, FL 33160

New Principal Place of Business:

199 AVENUE B NW
SUITE 200
WINTER HAVEN, FL 33881

Current Mailing Address:

3201 N.E. 183RD STREET
SUITE 507
AVENTURA, FL 33160

New Mailing Address:

199 AVENUE B NW
SUITE 200
WINTER HAVEN, FL 33881

FEI Number: 20-1985751 **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:

BURGER, ALAN M ESQ.
1601 FORUM PLACE
SUITE 404
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

BURGER, ALAN M. ESQ.
1601 FORUM PLACE
SUITE 404
WEST PALM BEACH, FL 33401 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: ALAN M. BURGER

10/16/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAYTON, MATTHEW
Address: 3201 N.E. 183RD STREET, SUITE 507
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KAYTON, MATTHEW
Address: 199 AVENUE B NW, SUITE 200
City-St-Zip: WINTER HAVEN, FL 33881

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: MATTHEW KAYTON

MGMR

10/16/2006

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