

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000001971

FILED
Oct 02, 2006
Secretary of State

Entity Name: RAY-ROGERS INSURANCE, LLC

Current Principal Place of Business:

6550 ST. AUGUSTINE ROAD
SUITE 304
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6550 ST. AUGUSTINE ROAD
SUITE 304
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 84-1665705 **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:

ROGERS, MORRIS A
12661 SHINNECOCK COURT
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

RAY-ROGERS, EVELYN
12661 SHINNECOCK COURT
JACKSONVILLE, FL 32225 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: EVELYN RAY-ROGERS

10/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROGERS, MORRIS A
Address: 12661 SHINNECOCK COURT
City-St-Zip: JACKSONVILLE,, FL 32225

Title: MGR () Delete
Name: RAY-ROGERS, EVELYN
Address: 12661 SHINNECOCK COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

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

Title: () Change () Addition
Name:
Address:
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: EVELYN RAY-ROGERS

MGR

10/02/2006

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