

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000001971

FILED  
Sep 29, 2011  
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:**

9550 REGENCY SQUARE BLVD.  
SUITE 104  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

6550 ST. AUGUSTINE ROAD  
SUITE 304  
JACKSONVILLE, FL 32217

**New Mailing Address:**

9550 REGENCY SQUARE BLVD.  
SUITE 104  
JACKSONVILLE, FL 32225

**FEI Number:** 84-1665705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

I hereby 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

09/29/2011

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