

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000035736

Entity Name: AGNEW INSURANCE, LLC.

FILED
Mar 24, 2010
Secretary of State

Current Principal Place of Business:

850 NW FEDERAL HWY
129
STUART, FL 34997 US

New Principal Place of Business:

1013 SE ST LUCIE BLVD
STUART, FL 34996 US

Current Mailing Address:

850 NW FEDERAL HWY
129
STUART, FL 34997 US

New Mailing Address:

PO BOX 1135
STUART, FL 34995 US

FEI Number: 90-0246509 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:

AGNEW, EDEN P
850 NW FEDERAL HWY
129
STUART, FL 34997 US

Name and Address of New Registered Agent:

AGNEW, EDEN P
1013 SE ST LUCIE BLVD
STUART, FL 34996 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: EDEN P. AGNEW

03/24/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: AGNEW, EDEN P
Address: 1013 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34996 US

Title: MGRM
Name: MARY ANN, AGNEW
Address: 10851 S OCEAN DR #153
City-St-Zip: JENSEN BEACH, FL 34957 US

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: EDEN P. AGNEW

OWNER

03/24/2010

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