

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000053335

FILED
Oct 30, 2008
Secretary of State

Entity Name: MICHAEL CARROLL INSURANCE AGENCY LLC

Current Principal Place of Business:

8532 SW HWY 200
OCALA, FL 34481

New Principal Place of Business:

Current Mailing Address:

8532 SW HWY 200
OCALA, FL 34481

New Mailing Address:

FEI Number: 32-0150575 **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:

Name and Address of New Registered Agent:

CARROLL, MICHAEL
13970 S US HWY 441
MICANOPY, FL 32667 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: MICHAEL CARROLL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CARROLL, MICHAEL
Address: 13970 S US HWY 441
City-St-Zip: MICANOPY, FL 32667

Title: MGRM () Delete
Name: MCKIBBIN, HARVARD D
Address: 13970 S US HWY 441
City-St-Zip: MICANOPY, FL 32667

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 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: MICHAEL CARROLL

OWNE

10/30/2008

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