

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000081868

**FILED**  
**Sep 22, 2006**  
**Secretary of State**

**Entity Name:** A AAR JJ MOOSE INSURANCE LLC

**Current Principal Place of Business:**

601 W OAKLAND PARK BLVD #1  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

601 W OAKLAND PARK BLVD #1  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 59-2309781      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:**

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

LAFLEUR, BRENDA C  
601 W OAKLAND PARK BLVD #1  
FT LAUDERDALE, FL 33311      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: BRENDA C LAFLEUR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LAFLEUR, BRENDA C  
Address: 601 W OAKLAND PARK BLVD #1  
City-St-Zip: FT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES:**

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: BRENDA C LAFLEUR

MGRM

09/22/2006

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