

**2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000099227

**FILED  
Oct 13, 2010  
Secretary of State**

**Entity Name:** COMMUNITY INSURANCE GROUP, LLC

**Current Principal Place of Business:**

15600 SW 288TH ST  
305  
HOMESTEAD, FL 33033 US

**New Principal Place of Business:**

**Current Mailing Address:**

15600 SW 288TH ST  
305  
HOMESTEAD, FL 33033 US

**New Mailing Address:**

**FEI Number:** 20-3621852      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

JENKINS III, WALTER MGRM  
15600 SW 288TH ST  
SUITE 305  
HOMESTEAD, FL 33033 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: WALTER JENKINS

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JENKINS, WALTER  
Address: 1436 NE 40TH RD  
City-St-Zip: HOMESTEAD, FL 33033

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: WALTER JENKINS

MGRM

10/13/2010

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