2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 31, 2008
Secretary of State

DOCUMENT# L05000102289

Entity Name: INSURANCE SYNDICATION, LLC

Current Principal Place of Business:

2203 N. LOIS AVE
SUITE 949
TAMPA, FL 33607

New Principal Place of Business:

925 CIMMERON DR
TAMPA, FL 33603

Current Mailing Address:

2203 N. LOIS AVE
SUITE 949
TAMPA, FL 33607

New Mailing Address:

925 CIMMERON DR
TAMPA, FL 33603

FEI Number: 13-4312053 **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:

SPOTO, NELSON J
2203 N. LOIS AVE
SUITE 949
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

SPOTO, NELSON J
925 CIMMERON DR
TAMPA, FL 33603 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: NELSON SPOTO 10/31/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SPOTO, NELSON J
Address: 2203 N. LOIS AVE. , SUITE 949
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SPOTO, NELSON J
Address: 925 CIMMERON DR
City-St-Zip: TAMPA, FL 33603

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: NELSON SPOTO CEO 10/31/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date