

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000001956

Entity Name: PSM INSURANCE AGENCY, LLC

FILED
Oct 16, 2007
Secretary of State

Current Principal Place of Business:

5005 E 1ST SQ. SOUTH WEST
VERO BEACH, FL 32968

New Principal Place of Business:

4147 W 16TH SQ
VERO BEACH, FL 32967

Current Mailing Address:

5005 E 1ST SQ. SOUTH WEST
VERO BEACH, FL 32968

New Mailing Address:

4147 W 16TH SQ
VERO BEACH, FL 32967

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MCDONALD, PAUL
5005 E 1ST SQ. SOUTH WEST
VERO BEACH, FL 32968 US

Name and Address of New Registered Agent:

MCDONALD, PAUL
4147 W 16TH SQ
VERO BEACH, FL 32967 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: PAUL MCDONALD

10/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PT () Delete
Name: MCDONALD, PAUL
Address: 5005 E 1ST SQ. SOUTH WEST
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES:

Title: PT (X) Change () Addition
Name: MCDONALD, PAUL
Address: 4147 W 16TH SQ
City-St-Zip: VERO BEACH, FL 32967

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: PAUL MCDONALD

MR.

10/16/2007

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