

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000059167

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** JIMMIE GILES FINANCIAL INSURANCE, L.L.C.

**Current Principal Place of Business:**

324 N. DALE MABRY HWY  
STE 200  
TAMPA, FL 33609

**New Principal Place of Business:**

5100 W CYPRESS ST  
TAMPA, FL 33607

**Current Mailing Address:**

324 N. DALE MABRY HWY  
STE 200  
TAMPA, FL 33609

**New Mailing Address:**

12157 W LINEBAUGH AVE  
#166  
TAMPA, FL 33626

**FEI Number:** 20-5011591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GILES JR, JIMMIE V  
324 N. DALE MABRY HWY  
STE 200  
TAMPA, FL 33609 US

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

GONZALEZ, MICHAEL ESQUIRE  
1000 N ASHLEY DR  
STE 412  
TAMPA, FL 33602 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 GONZALEZ

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** GILES, VIVIAN R  
**Address:** 324 N. DALE MABRY HWY., STE 200  
**City-St-Zip:** TAMPA, FL 33609

**Title:** MGR ( ) Delete  
**Name:** GILES JR, JIMMIE V  
**Address:** 324 N DALE MABRY  
**City-St-Zip:** TAMPA, FL 33609

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** GILES, VIVIAN R  
**Address:** 5100 W CYPRESS ST  
**City-St-Zip:** TAMPA, FL 33607

**Title:** MGR (X) Change ( ) Addition  
**Name:** GILES JR, JIMMIE V  
**Address:** 5100 W CYPRESS ST  
**City-St-Zip:** TAMPA, FL 33607

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:** JIMMIE V GILES JR

MGR

04/30/2009

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