

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000075301

FILED
Sep 17, 2007
Secretary of State

Entity Name: CELEBRATION INSURANCE SERVICES, LLC

Current Principal Place of Business:

720 CELEBRATION AVENUE, STE. 150
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

720 CELEBRATION AVENUE, STE. 150
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-4605385 **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:

ARSENAULT, JERRY J
720 CELEBRATION AVENUE, STE. 150
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

MAZZUCA, JAMES C
720 CELEBRATION AVENUE
SUITE 150
CELEBRATION, FL 34747 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: JAMES C MAZZUCA

09/17/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'CONNO, ED
Address: 720 CELEBRATION AVENUE, STE. 150
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: ARSENAULT, JERRY J
Address: 720 CELEBRATION AVENUE, STE. 150
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: MAZUECCA, JAMES
Address: 720 CELEBRATION AVENUE, STE. 150
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: SAWMILLER, SONDRA
Address: 720 CELEBRATION AVENUE, STE. 150
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAZZUCA, JAMES C
Address: 720 CELEBRATION AVENUE, STE. 150
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM (X) Change () Addition
Name: ARSENAULT, JERRY J
Address: 720 CELEBRATION AVENUE, STE. 150
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM (X) Change () Addition
Name: OCONNOR, EDWARD J
Address: 720 CELEBRATION AVENUE, STE. 150
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES C MAZZUCA

PRIN

09/17/2007

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