2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# L06000105737

Entity Name: VILLAGE LIMITED INSURANCE SERVICES, LLC

Current Principal Place of Business:

274 BREVARD AVENUE
COCOA, FL 32922

New Principal Place of Business:

272 BREVARD AVENUE
COCOA, FL 32922

Current Mailing Address:

274 BREVARD AVENUE
COCOA, FL 32922

New Mailing Address:

272 BREVARD AVENUE
COCOA, FL 32922

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

BARRELLA, MICHAEL A
373 JEREMY COURT
MERRITT ISLAND, FL 32953 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: MICHAEL A. BARRELLA
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARRELLA, MICHAEL
Address: 373 JEREMY COURT
City-St-Zip: MERRITT ISLAND, FL 32953

ADDITIONS/CHANGES:

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: MICHAEL A. BARRELLA MM 10/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date