2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# L06000107850

Entity Name: COLEMAN INSURANCE SERVICES, L.L.C.

Current Principal Place of Business:

1908 DREW STREET
CLEARWATER, FL 33765

New Principal Place of Business:

29190 US HWY. 19 NORTH
CLEARWATER, FL 33761

Current Mailing Address:

1908 DREW STREET
CLEARWATER, FL 33765

New Mailing Address:

29190 US HWY. 19 NORTH
CLEARWATER, FL 33761

FEI Number: 20-5900836 **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:

COLEMAN, WILLIAM
1908 DREW STREET
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

COLEMAN, WILLIAM
538 WILKIE ST
DUNEDIN, FL 34698 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: WILLIAM J. COLEMAN 09/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COLEMAN, WILLIAM
Address: 1908 DREW STREET
City-St-Zip: CLEARWATER, FL 33765

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COLEMAN, WILLIAM J
Address: 538 WILKIE ST
City-St-Zip: DUNEDIN, FL 34698

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: WILLIAM J. COLEMAN PRES 09/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date