

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000119935

FILED
Oct 29, 2008
Secretary of State

Entity Name: INFINITY WEALTH & INSURANCE, LLC

Current Principal Place of Business:

1301 NORTH CONGRESS AVE. #350
BOYTON BEACH, FL 33426

New Principal Place of Business:

5355 TOWN CENTER RD #203
BOCA RATON, FL 33486

Current Mailing Address:

1301 NORTH CONGRESS AVE. #350
BOYTON BEACH, FL 33426

New Mailing Address:

5355 TOWN CENTER RD #203
BOCA RATON, FL 33486

FEI Number: 20-8082030 **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:

Name and Address of New Registered Agent:

H.A. INCORPORATED
308 NW 101 TERRACE
CORAL SPRINGS, FL 33071 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: STEVEN BRASNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BRASNER, STEVEN
Address: 3413 DOVECOTE MEADOW LANE
City-St-Zip: DAVIE, FL 33328

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

Title: MGRM () Delete
Name: BRASNER, LAURIE
Address: 3413 DOVECOTE MEADOW LANE
City-St-Zip: DAVIE, FL 33328

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: STEVEN BRASNER

MGRM

10/29/2008

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