

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000120577

FILED
Feb 20, 2009
Secretary of State

Entity Name: FULL LINE AGENCY GROUP, LLC

Current Principal Place of Business:

2400 FEATHER SOUND DRIVE
1427
CLEARWATER, FL 33762 US

New Principal Place of Business:

493 SHORE DR
LARGO, FL 33771 US

Current Mailing Address:

2400 FEATHER SOUND DRIVE
1427
CLEARWATER, FL 33762 US

New Mailing Address:

493 SHORE DR
LARGO, FL 33771 US

FEI Number: 20-8070871 **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:

ROBERT F. DIMARCO, C.P.A. PA
3444 EAST LAKE ROAD
SUITE 412
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

KEPPEL, STANLEY K JR
493 SHORE DR
LARGO, FL 33771 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: STANLEY K KEPPEL JR

02/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KEPPEL, STANLEY K JR
Address: 2400 FEATHER SOUND DRIVE # 1427
City-St-Zip: CLEARWATER, FL 33762 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KEPPEL, STANLEY K JR
Address: 493 SHORE DR
City-St-Zip: LARGO, FL 33771 US

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: STANLEY K KEPPEL JR

MGR

02/20/2009

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