

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000003059

FILED
Jan 23, 2009
Secretary of State

Entity Name: CLIENT CARE INSURANCE, LLC

Current Principal Place of Business:

12842 HUNTERS VISTA BLVD
ORLANDO, FL 32837 US

New Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
604
ORLANDO, FL 32809 US

Current Mailing Address:

12842 HUNTERS VISTA BLVD
ORLANDO, FL 32837 US

New Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
604
ORLANDO, FL 32809 US

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:

AVILA, CESAR A
12842 HUNTERS VISTA BLVD
ORLANDO, FL 32837 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: CESAR A. AVILA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AVILA, CESAR A
Address: 12842 HUNTERS VISTA BLVD
City-St-Zip: ORLANDO, FL 32837 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: AVILA, CESAR A
Address: 12842 HUNTERS VISTA BLVD
City-St-Zip: ORLANDO, FL 32837 US

Title: MGR () Change (X) Addition
Name: HACKNEY, CECILIA
Address: 2136 EAGLE'S REST DR.
City-St-Zip: APOPKA, FL 32712 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: CESAR A. AVILA

CEO

01/23/2009

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