

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000012108

**FILED**  
**Dec 06, 2011**  
**Secretary of State**

**Entity Name:** STEP AHEAD INSURANCE AND BILLING, LLC.

**Current Principal Place of Business:**

4851 SW 111 TERRACE  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

4851 SW 111 TERRACE  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 20-8355358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FERNANDEZ-BLAY, CARMEN  
4851 SW 111TH TERRACE  
DAVIE, FL 33328 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: CARMEN FERNANDEZ-BLAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FERNANDEZ-BLAY, CARMEN  
Address: 4851 SW 111TH TERRACE  
City-St-Zip: DAVIE, FL 33328

I hereby 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: CARMEN FERNANDEZ-BLAY

MGR

12/06/2011

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