

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000026191

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** WORLDWIDE REINSURANCE BROKER, LLC

**Current Principal Place of Business:**

1929 N.W. 108 AVENUE  
MIAMI, FL 33172

**New Principal Place of Business:**

6822 ALMANSA ST.  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1929 N.W. 108 AVENUE  
MIAMI, FL 33172

**New Mailing Address:**

6822 ALMANSA ST.  
CORAL GABLES, FL 33146

**FEI Number:** 51-0627730      **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:**

EDUARDO, MARTINEZ  
1929 N.W. 108 AVENUE  
MIAMI, FL FL US

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

EDUARDO, MARTINEZ  
6822 ALMANSA ST  
CORAL GABLES, FL 33146 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: EDUARDO MARTINEZ

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EDUARDO, MARTINEZ  
Address: 1929 N.W. 108 AVENUE  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EDUARDO, MARTINEZ  
Address: 6822 ALMANSA ST  
City-St-Zip: CORAL GABLES, FL 33146

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: EDUARDO MARTINEZ

MGR

04/30/2009

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