2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# L07000058503

Entity Name: L & M INSURANCE CLAIM CONSULTANTS.LLC

Current Principal Place of Business:

4918 SHERIDAN ST.
HOLLYWOOD, FL 33021

New Principal Place of Business:

2801 NE 183RD ST
604
AVENTURA, FL 33160

Current Mailing Address:

4918 SHERIDAN ST.
HOLLYWOOD, FL 33021

New Mailing Address:

2801 NE 183RD ST
604
AVENTURA, FL 33160

FEI Number: 26-0308631 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

GIL, LUCIANO
2801 NE 183RD ST. SUITE 604
AVENTURA, FL 33160 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: CHRISTOPHER GIL

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GIL, LUCIANO
Address: 3755 NE 167TH ST#9
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGRM ( ) Delete
Name: GIL, CHRISTOPHER
Address: 2801 NE 183RD ST. SUITE 604
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

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

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: CHRISTOPHER GIL MGMR 11/10/2008

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