## 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000086861

Entity Name: CARIBBEAN ONE INSURANCE GROUP, LLC

**FILED** Feb 01, 2010 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 

3040 WEST CYPRESS ST 10335 CROSS CREEK BLVD SUITE 17

SUITE A TAMPA, FL 33609

**Current Mailing Address: New Mailing Address:** 

1421 BAYCREST DRIVE WESLEY CHAPEL, FL 33543

TAMPA, FL 33647

FEI Number: 26-1849922 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: Name and Address of New Registered Agent:

PASTORS, BERTHA ROSA PASTORS, BERTHA ROSA 10335 CRÓSS CREEK BLVD 3040 WEST CYPRESS ST SUITE A SUITE 17 TAMPA, FL 33647 US TAMPA, FL 33609 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: BERTHAR. PASTORS 02/01/2010

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

PASTORS, BERTHA ROSA Name: Address: 3040 WEST CYPRESS ST City-St-Zip: TAMPA, FL 33609

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 Statues.

SIGNATURE: BERTHAR. PASTORS 02/01/2010 **PRES**