

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000096393

**FILED**  
**Oct 13, 2009**  
**Secretary of State**

**Entity Name:** HISLOP INSURANCE AND INVESTMENTS, LLC.

**Current Principal Place of Business:**

7281 NAVARRE PARKWAY  
NAVARRE, FL 32566

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2114  
PACE, FL 32571

**New Mailing Address:**

P.O. BOX 5878  
NAVARRE, FL 32566

FEI Number: 26-1083564      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:**

HISLOP, ORLANDO F  
3340 VILLAGE GREEN  
PACE, FL 32571    US

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

HISLOP, ORLANDO F  
7281 NAVARRE PARKWAY  
NAVARRE, FL 32566    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: ORLANDO F. HISLOP

10/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HISLOP, ORLANDO F  
Address: PO BOX 2114  
City-St-Zip: PACE, FL 32571

Title: MGR      ( ) Delete  
Name: HISLOP, JACQUELINE  
Address: PO BOX 2114  
City-St-Zip: PACE, FL 32571

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: HISLOP, ORLANDO F  
Address: PO BOX 5878  
City-St-Zip: NAVARRE, FL 32566

Title: MGR      (X) Change ( ) Addition  
Name: HISLOP, JACQUELINE  
Address: PO BOX 5878  
City-St-Zip: NAVARRE, FL 32566

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: JACQUELINE HISLOP

MGR

10/13/2009

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