

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000099656

Entity Name: US INSURANCE & TAX SERVICES, LLC

FILED
Oct 20, 2008
Secretary of State

Current Principal Place of Business:

2095 N.W. 2ND AVE., SUITE #100
MIAMI, FL 33169

New Principal Place of Business:

20760 NW 7TH AVE
301
MIAMI, FL 33169

Current Mailing Address:

2095 N.W. 2ND AVE., SUITE #100
MIAMI, FL 33169

New Mailing Address:

20760 NW 7TH AVE
301
MIAMI, FL 33169

FEI Number: 26-1168581 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:

LYLE, GACIA
2095 N.W. 2ND AVE., SUITE #100
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

LYLE, GACIA
20760 NW 7TH AVE
301
MIAMI, FL 33169 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: GACIA LYLE

10/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYLE, GACIA
Address: 2095 N.W. 2ND AVE., SUITE #100
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LYLE, GACIA
Address: 20760 NW 7TH AVE. #301
City-St-Zip: MIAMI, FL 33169

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: GACIA LYLE

MGRM

10/20/2008

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