

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000109157

**FILED**  
**Oct 20, 2011**  
**Secretary of State**

**Entity Name:** CO-KEY INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

3462 FOREST RIDGE LANE  
KISSIMMEE, FL 34741 US

**New Principal Place of Business:**

**Current Mailing Address:**

3462 FOREST RIDGE LANE  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

**FEI Number:** 26-1330856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NANCY, TORRES  
3462 FOREST RIDGE LANE  
KISSIMMEE, FL 34741 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:** JOSE TORRES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TORRES, JOSE  
**Address:** 3462 FOREST RIDGE LANE  
**City-St-Zip:** KISSIMMEE, FL 34741 US

**Title:** MGRM  
**Name:** TORRES, NANCY  
**Address:** 3462 FOREST RIDGE LANE  
**City-St-Zip:** KISSIMMEE, FL 34741 US

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 Statutes.

**SIGNATURE:** JOSE TORRES

MGRM

10/20/2011

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