

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000000179

FILED
Dec 22, 2008
Secretary of State

Entity Name: MERIDIAN INSURANCE PARTNERS III, LLC

Current Principal Place of Business:

301 YAMATO ROAD
3150
BOCA RATON, FL 33431

New Principal Place of Business:

6022 NW 56TH CIRCLE
CORAL SPRINGS, FL 33067

Current Mailing Address:

301 YAMATO ROAD
3150
BOCA RATON, FL 33431

New Mailing Address:

6022 NW 56TH CIRCLE
CORAL SPRINGS, FL 33067

FEI Number: **FEI Number Applied For (X)** **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:

MERIDIAN INSURANCE GROUP, LLC
301 YAMATO ROAD
3150
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

KARSCH LAW, LLC
350 CAMINO GARDENS BLVD.
SUITE #102
BOCA RATON, FL 33432 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: MICHAEL KARSH, ESQ

12/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MERIDIAN INSURANCE G, ROUP, LLC
Address: 301 YAMATO ROAD
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STOUT, CHARLES G
Address: 6022 NW 56TH CIRCLE
City-St-Zip: CORAL SPRINGS, FL 33067

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: CHARLES G. STOUT

MGR

12/22/2008

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