

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000021287

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** BLACK INSURANCE AND FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

38452 6TH AVE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

38452 6TH AVE  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

**FEI Number:** 35-2328104      **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:**

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

BLACK, CHRISTOPHER R  
5755 AUTUMN SHIRE DRIVE  
ZEPHYRHILLS, FL 33542 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: CHRISTOPHER BLACK

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BLACK, CHRISTOPHER R  
**Address:** 5755 AUTUMN SHIRE  
**City-St-Zip:** ZEPHYRHILLS, FL 33541

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: CHRISTOPHER BLACK

MGR

03/02/2010

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