

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000043697

**FILED**  
**Dec 23, 2009**  
**Secretary of State**

**Entity Name:** LECAIN FAMILY INSURANCE AND FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

7239 CENTRAL AVENUE NORTH  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

7239 CENTRAL AVENUE  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

7239 CENTRAL AVENUE NORTH  
ST PETERSBURG, FL 33710

**New Mailing Address:**

7239 CENTRAL AVENUE  
ST PETERSBURG, FL 33710

**FEI Number:** 45-0594999      **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:**

LECAIN, PAUL L JR  
7239 CENTRAL AVENUE NORTH  
ST PETERSBURG, FL 33710      US

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

LECAIN, PAUL L JR  
7239 CENTRAL AVENUE  
ST PETERSBURG, FL 33710      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: PAUL L LECAIN JR

12/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LECAIN, PAUL L JR  
Address: 7239 CENTRAL AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

Title: MGRM      ( ) Delete  
Name: LECAIN, ANITA M  
Address: 7239 CENTRAL AVENUE NORTH  
City-St-Zip: ST PETERSBURG, FL 33710

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: LECAIN, PAUL L JR  
Address: 7239 CENTRAL AVENUE  
City-St-Zip: ST PETERSBURG, FL 33710

Title: MGRM      (X) Change ( ) Addition  
Name: LECAIN, ANITA M  
Address: 7239 CENTRAL AVENUE  
City-St-Zip: ST PETERSBURG, FL 33710

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: ANITA M LECAIN

MGRM

12/23/2009

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