

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000050002

**Entity Name:** STATE INSURANCE GROUP, LLC

**FILED**  
**Oct 19, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

901 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**New Principal Place of Business:**

**Current Mailing Address:**

901 SW MARTIN DOWNS BLVD  
PALM CITY, FL 34990

**New Mailing Address:**

PO BOX 2354  
STUART, FL 34995

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **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:**

CLARK, CHUCK  
901 SW MARTIN DOWNS BLVD  
PALM CITY, FL FL                      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: CHUCK CLARK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MM                      ( ) Change (X) Addition  
Name:                      WARREN, LAURA  
Address:                      901 SW MARTIN DOWNS BLVD, STE. 200  
City-St-Zip:                      PALM CITY, FL 34990

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: LAURA WARREN

MM

10/19/2009

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