2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2009
Secretary of State

DOCUMENT# L08000054413

Entity Name: INSURANCE AGGREGATORS LLC

Current Principal Place of Business:

16827 LIVINGSTON AVE.
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

16827 LIVINGSTON AVE.
LUTZ, FL 33559

New Mailing Address:

FEI Number: 26-2711673 **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:

MAXWELL, BRUCE E
4923 WEST CYPRESS
SUITE B
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

ST. ONGE, MARCELA
16827 LIVINGSTON AVE
LUTZ, FL 33559 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: MARCELA ST. ONGE 10/19/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MAXWELL, BRUCE E
Address: 16827 LIVINGSTON AVE.
City-St-Zip: LUTZ, FL 33559

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ST. ONGE, MARCELA
Address: 16827 LIVINGSTON AVE.
City-St-Zip: LUTZ, FL 33559

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: MARCELA ST. ONGE MGRM 10/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date