

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000062365

FILED
Oct 13, 2009
Secretary of State

Entity Name: EZE INSURANCE AGENCY LLC

Current Principal Place of Business:

13071 NW 43 AVENUE
OPA LOCKA, FL 33054

New Principal Place of Business:

795 E 8TH AVE
SUITE B
HIALEAH, FL 33010

Current Mailing Address:

13071 NW 43 AVENUE
OPA LOCKA, FL 33054

New Mailing Address:

795 E 8TH AVE
SUITE B
HIALEAH, FL 33010

FEI Number: 26-2868205 **FEI Number Applied For ()** **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:

Name and Address of New Registered Agent:

RODRIGUEZ, GLORIA V
13071 NW 43 AVE
OPA LOCKA, FL 33054 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: GLORIA V. RODRIGUEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODRIGUEZ, GLORIA V
Address: 13071 NW 43 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

Title: MGR (X) Delete
Name: BODYE, HURIE E
Address: 13071 NW 43 AVENUE
City-St-Zip: OPA LOCKA, FL 33054

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RODRIGUEZ, GLORIA V
Address: 795 E 8TH AVE SUITE B
City-St-Zip: HIALEAH, FL 33010

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GLORIA V. RODRIGUEZ

MGR

10/13/2009

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