

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000066830

**FILED**  
**May 27, 2010**  
**Secretary of State**

**Entity Name:** ALL ABOUT HEALTH INSURANCE LLC

**Current Principal Place of Business:**

13624 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Principal Place of Business:**

13624 TAMIAMI TRAIL #190  
NORTH PORT, FL 34287

**Current Mailing Address:**

13624 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**New Mailing Address:**

1207 JONAH DR  
NORTH PORT, FL 34289

**FEI Number:** 26-2959088      **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:**

BRUMBAUGH, JILL  
1207 JONAH DRIVE  
NORTH PORT, FL 34289      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: JILL BRUMBAUGH

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGMR  
**Name:** BRUMBAUGH, JILL  
**Address:** 1207 JONAH DRIVE  
**City-St-Zip:** NORTH PORT, FL 34289

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: JILL BRUMBAUGH

MGMR

05/27/2010

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