

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000091856

**FILED**  
**Oct 25, 2012**  
**Secretary of State**

**Entity Name:** ERNOUDE INSURANCE-INCOME TAX LLC

**Current Principal Place of Business:**

17 SOUTH STATE RD 7  
PLANTATION,, FL 33317 US

**New Principal Place of Business:**

**Current Mailing Address:**

1141 NW 1ST AVE  
1  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

17 SOUTH STATE RD 7  
PLANTATION,, FL 33317 US

**FEI Number:** 61-1571063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NESTAN-TERNIER, ERNOUDE MGR  
12460 SW 1 STREET  
FORT LAUDERDALE, FL 33311 US

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

PHILIPPE, BIENAIME MGRM  
531 NE 133RD STREET  
N-MIAMI, FL 33161 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: PHILIPPE BIENAIME

10/25/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PHILIPPE, BIENAIME MGRM  
Address: 531 NE 133RDSTREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

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: PHILIPPE BIENAIME

MGMR

10/25/2012

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