

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000102306

FILED
Oct 08, 2009
Secretary of State

Entity Name: ALL FLORIDA INSURANCE AND PROFESSIONAL SERVICES, LLC

Current Principal Place of Business:

4905 S DIXIE HWY
WEST PALM BCH, FL 33405

New Principal Place of Business:

Current Mailing Address:

4905 S DIXIE HWY
WEST PALM BCH, FL 33405

New Mailing Address:

FEI Number: 80-0292477 **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:

Name and Address of New Registered Agent:

SANABRIA, LIONEL
4905 S DIXIE HWY
WEST PALM BCH, FL 33405 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: LIONEL SANABRIA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANABRIA, LIONEL
Address: 4905 S DIXIE HWY
City-St-Zip: WEST PALM BCH, FL 33405

ADDITIONS/CHANGES:

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: LIONEL SANABRIA

PRES

10/08/2009

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