

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000102306

FILED
Mar 14, 2012
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 ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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: LIONEL SANABRIA

MNGR

03/14/2012

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