

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000110561

FILED  
Sep 29, 2009  
Secretary of State

**Entity Name:** TEABERRY HEALTH & WELFARE BENEFITS PRACTICE, LLC

**Current Principal Place of Business:**

6439 CENTRAL AVENUE  
ST. PETERSBURG, FL 337108411 US

**New Principal Place of Business:**

BANK OF AMERICA TOWER  
1 PROGRESS PLAZA SUITE 630  
ST. PETERSBURG, FL 33710 US

**Current Mailing Address:**

6439 CENTRAL AVENUE  
ST. PETERSBURG, FL 337108411 US

**New Mailing Address:**

BANK OF AMERICA TOWER  
1 PROGRESS PLAZA SUITE 630  
ST. PETERSBURG, FL 33710 US

FEI Number: 26-3803402      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:**

SIMONE, STEPHEN CPA  
6439 CENTRAL AVENUE  
ST. PETERSBURG, FL 337108411 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: STEPHEN SIMONE CPA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PICKARD, JOHN D  
Address: 106 15TH AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: MGRM ( ) Delete  
Name: PICKARD, GINA E  
Address: 106 15TH AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33704 US

**ADDITIONS/CHANGES:**

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

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: JOHN PICKARD

MGRM

09/29/2009

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