

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000117102

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** BROWN BROWN & MCKINNEY, LLC

**Current Principal Place of Business:**

4291 OLD 9 FOOT ROAD  
EAGLE LAKE, FL 33839

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1440  
EAGLE LAKE, FL 33839

**New Mailing Address:**

**FEI Number:** 59-3098629

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKINNEY, FLETCHER L JR.  
4291 OLD 9 FOOT ROAD  
EAGLE LAKE, FL 33839 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: FLETCHER L. MCKINNEY, JR.

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCKINNEY, FLETCHER L JR.  
Address: 4291 OLD 9 FOOT ROAD  
City-St-Zip: EAGLE LAKE, FL 33839

Title: MGRM  
Name: MCKINNEY, NANCY D  
Address: 4291 OLD 9 FOOT ROAD  
City-St-Zip: EAGLE LAKE, FL 33839

Title: MGRM  
Name: BROWN, DAVID D  
Address: 423 ARCHAIC DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM  
Name: BROWN, TRACY K  
Address: 423 ARCHAIC DRIVE  
City-St-Zip: WINTER HAVEN, FL 33880

Title: MGRM  
Name: BROWN, PETER L  
Address: 1574 AUBURN OAKS COURT  
City-St-Zip: AUBURNDAL, FL 33823

Title: MGRM  
Name: BROWN, KANDRA  
Address: 1574 AUBURN OAKS COURT  
City-St-Zip: AUBURNDAL, FL 33823

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: FLETCHER L. MCKINNEY, JR.

MGRM

02/18/2010

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