

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000006328

FILED
Apr 15, 2013
Secretary of State

Entity Name: FOCAL POINT INSURANCE SERVICES, LLC

Current Principal Place of Business:

15190 S.E. 104TH CT.
SUITE B
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

15190 S.E. 104TH CT.
SUITE B
SUMMERFIELD, FL 34491 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM
13710 US HIGHWAY 441
SUITE 100
THE VILLAGES, FL 32159 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: RYAN MILLHORN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SPAYD, CHANDELLE R
Address: 15190 S.E. 104TH CT., SUITE B
City-St-Zip: SUMMERFIELD, FL 34491 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: CHANDELLE R. SPAYD

MGRM

04/15/2013

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