

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000008485

**FILED**  
**Sep 26, 2011**  
**Secretary of State**

**Entity Name:** GYS INSURANCE AND FINANCIAL LLC

**Current Principal Place of Business:**

100 STATE ROAD 13 NORTH #D  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

1637 RACE TRACK ROAD  
SUITE 101  
ST. JOHNS, FL 32259 US

**Current Mailing Address:**

P.O. BOX 24668  
JACKSONVILLE, FL 32241 US

**New Mailing Address:**

**FEI Number:** 26-4118817      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KEVIN S GREEN, INC  
3617 CROWN POINT RD #2  
JACKSONVILLE, FL 32257 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:** KEVIN S. GREEN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SALAMEH, GEORGE  
**Address:** 2615 SCOTT MILL DRIVE S  
**City-St-Zip:** JACKSONVILLE, FL 32223 US

**Title:** MGRM  
**Name:** SALAMEH, DELILAH  
**Address:** 2615 SCOTT MILL DRIVE S  
**City-St-Zip:** JACKSONVILLE, FL 32223 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:** GEORGE Y. SALAMEH

PRES

09/26/2011

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