

# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000019103

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** CAPITAL INSURANCE SERVICES GROUP, LLC

**Current Principal Place of Business:**

1110 BRICKELL AVENUE  
SUITE: 430D  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1110 BRICKELL AVENUE  
SUITE: 430D  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 26-4337731      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARTINEZ RENGIFO, YVAN  
1110 BRICKELL AVENUE  
SUITE: 430D  
MIAMI, FL 33131 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: YVAN MARTINEZ RENGIFO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MARTINEZ RENGIFO, YVAN  
**Address:** 1110 BRICKELL AVENUE - SUITE: 430D  
**City-St-Zip:** MIAMI, FL 33131 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: YVAN MARTINEZ RENGIFO

MGRM

10/02/2012

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