

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000024362

**FILED**  
**Mar 10, 2012**  
**Secretary of State**

**Entity Name:** MARTINEZ INSURANCE & ASSOCIATES, LLC

**Current Principal Place of Business:**

636 E 9 ST  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

636 E 9 ST  
HIALEAH, FL 33010

**New Mailing Address:**

**FEI Number:** 26-4448728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, MARIA MERCEDES  
636 E 9 ST  
HIALEAH, FL 33010 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:** MARIA M MARTINEZ

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GARCIA, MARIA MERCEDES  
**Address:** 636 E 9 ST  
**City-St-Zip:** HIALEAH, FL 33010

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:** MARIA M GARCIA

MGR

03/10/2012

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