

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000024488

**FILED**  
**Oct 20, 2010**  
**Secretary of State**

**Entity Name:** TAMPA BAY INSURANCE CENTER LLC

**Current Principal Place of Business:**

5411 BEAMOUNT CENTER BLVD.  
SUITE 700  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

5411 BEAMOUNT CENTER BLVD.  
SUITE 700  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 26-4305040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOOKER, SUZANNE  
4119 NORTH MEADOW CIRCLE  
TAMPA, FL 33618 US

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

PATRICK, DARYL  
5411 BEAUMONT CENTER BLVD  
700  
TAMPA, FL 33634 US

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: DARYL PATRICK

10/20/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: PATRICK, DARYL  
Address: 5411 BEAMOUNT CENTER BLVD., SUITE 700  
City-St-Zip: TAMPA, FL 33634 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: DARYL PATRICK

PRES

10/20/2010

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