

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000026529

**FILED**  
**Nov 10, 2010**  
**Secretary of State**

**Entity Name:** COTTER INSURANCE, LLC

**Current Principal Place of Business:**

11560-6 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

11560-6 OLD ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32258

**New Mailing Address:**

**FEI Number:** 26-4481155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, DANIEL J ESQ  
1301 RIVERPLACE BLVD.  
SUITE 1818  
JACKSONVILLE, FL 32207 US

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

COTTER, CHRISTOPHER C  
5137 JULINGTON CREEK RD  
JACKSONVILLE, FL 32258 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: CHRISTOPHER C COTTER

11/10/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** COTTER, CHRISTOPHER C

**Address:** 11560-6 OLD ST. AUGUSTINE ROAD

**City-St-Zip:** JACKSONVILLE, FL 32258

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: CHRISTOPHER C COTTER

AGEN

11/10/2010

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