

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000049518

**FILED**  
**Jul 12, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA STATE INSURANCE COMPANY, LLC

**Current Principal Place of Business:**

611 SE 11TH ST  
STE C  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

3691 TAMIAMI TRAIL  
STE B  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

611 SE 11TH ST  
STE C  
CAPE CORAL, FL 33990

**New Mailing Address:**

3691 TAMIAMI TRAIL  
STE B  
PUNTA GORDA, FL 33950

**FEI Number:** 27-0354156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHIONOPOULOS, MICHAEL E  
12661 NEW BRITTANY BLVD  
FT MYERS, FL 33907 US

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

NASH, JACOB Y  
3691 TAMIAMI TRAIL  
STE B  
PUNTA GORDA, FL 33950 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: JACOB Y NASH

07/12/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NASH, JACOB Y  
Address: 3691 TAMIAMI TRAIL  
City-St-Zip: PUNTA GORDA, FL 33950

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: JACOB Y NASH

MGR

07/12/2012

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