

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000058647

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** GULF COAST EDUCATORS INSURANCE LLC

**Current Principal Place of Business:**

2590 NORTHBROOK PLAZA  
UNIT # 303  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

2590 NORTHBROOKE PLAZA  
UNIT 303  
NAPLES, FL 34119

**New Mailing Address:**

**FEI Number:** 80-0427069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEFREITAS, RON E JR.  
2590 NORTHBROOK PLAZA  
UNIT # 303  
NAPLES, FL 34119 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: RON DEFREITAS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DEFREITAS, RON E JR  
Address: 2590 NORTHBROOK PLAZA #303  
City-St-Zip: NAPLES, FL 34119

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: RON DEFREITAS

OWNE

02/28/2011

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