

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000078834

**FILED**  
**Nov 20, 2013**  
**Secretary of State**

**Entity Name:** AUTO & HOME INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

104 EAST FOWLER AVE  
TAMPA, FL 33612

**New Principal Place of Business:**

4533 26TH ST. W  
BRADENTON, FL 34207

**Current Mailing Address:**

104 EAST FOWLER AVE  
TAMPA, FL 33612

**New Mailing Address:**

PO BOX 46352  
TAMPA, FL 33646

**FEI Number:** 27-0743944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOREUS, ALAIN  
104 EAST FOWLER AVE  
TAMPA, FL 33612 US

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

CHARLES, MANES  
20207 MERRY OAK AVE  
TAMPA, FL 33647 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: MANES CHARLES

11/20/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARIA, JANVIER R  
Address: 20207 MERRY OAK AVE  
City-St-Zip: TAMPA, FL 33647

Title: MGR  
Name: CHARLES, MANES  
Address: PO BOX 46352  
City-St-Zip: TAMPA, FL 33646

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: MANES CHARLES

MGR

11/20/2013

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