

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000079125

**FILED**  
**Jul 24, 2014**  
**Secretary of State**

**Entity Name:** LOGISTIC INSURANCE, LLC

**Current Principal Place of Business:**

901 S.E. 17TH STREET  
SUITE 206  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

2419 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 UN

**Current Mailing Address:**

901 S.E. 17TH STREET  
SUITE 206  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

2419 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 UN

**FEI Number:** 27-0747969

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAYER, ORI  
901 SE 17TH STREET  
SUITE 206  
FORT LAUDERDALE, FL 33316 US

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

MAYER, THOMAS  
2419 HOLLYWOOD BLVD  
HOLLYWOOD, FL 33020 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: THOMAS MAYER

07/24/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: MAYER, TALYA  
Address: 2419 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020 UN

Title: MGR  
Name: MAYER, ORI  
Address: 2419 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33020 UN

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: TALYA MAYER

MM

07/24/2014

Electronic Signature of Authorized Person

Date