

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000091946

FILED
Oct 06, 2012
Secretary of State

Entity Name: A 1 INSURANCE OF SOUTH FLORIDA LLC

Current Principal Place of Business:

2417 OKEECHOBEE RD.
FORT PIERCE, FL 34950

New Principal Place of Business:

6145 S. US 1
FORT PIERCE, FL 34982

Current Mailing Address:

2417 OKEECHOBEE RD.
FORT PIERCE, FL 34950

New Mailing Address:

6145 S. US 1
FORT PIERCE, FL 34982

FEI Number: 27-0969626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YORKIRONS, DENTON
2221 SE GOWIN DR
PORT ST LUCIE, FL 34952 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: DENTON YORKIRONS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: YORKIRONS, DENTON
Address: 2221 SE GOWIN DR
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM
Name: BUCCI, MIKI S
Address: 5480 NW EMPRESS CIR
City-St-Zip: PORT ST LUCIE, FL 34983

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: MIKI SHELENE BUCCI

MGRM

10/06/2012

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