

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000093851

**FILED**  
**Nov 17, 2010**  
**Secretary of State**

**Entity Name:** DEBBIE SPIKES INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

1312 ARITON AVE. NE  
PALM BAY, FL 32907 US

**New Principal Place of Business:**

4100 MINTON ROAD  
WEST MELBOURNE, FL 32904 US

**Current Mailing Address:**

1312 ARITON AVE. NE  
PALM BAY, FL 32907 US

**New Mailing Address:**

4100 MINTON ROAD  
WEST MELBOURNE, FL 32904 US

**FEI Number:** 27-1043261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

ARNO, ANDREW P EA  
1601 AIRPORT BLVD SUITE 2  
MELBOURNE, FL 32901 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: ANDREW P ARNO

11/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPIKES, DEBORAH J  
Address: 1312 ARITON AVE. NE  
City-St-Zip: PALM BAY, FL 32907 US

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: DEBORAH J SPIKES

MGRM

11/17/2010

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