

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000016356

**FILED**  
**Oct 24, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PROGRAM INSURANCE PLLC

**Current Principal Place of Business:**

2776 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

2776 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 27-1902948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

LOUISA EVERETTT  
2776 SHAUGHNESSY DRIVE  
WELLINGTON, FL 33414 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: LOUISA EVERETT

10/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: EVERETT, LOUISA  
Address: 2776 SHAUGHNESSY DR  
City-St-Zip: WELLINGTON, FL 33414 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: LOUISA EVERETT

PRES

10/24/2011

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