

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000021513

FILED
Sep 26, 2011
Secretary of State

Entity Name: INSURANCE CREDENTIALING SPECIALIST, LLC

Current Principal Place of Business:

119 MEADOWLANDS DRIVE
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

PO BOX 981
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 61-1611036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MELANIE
119 MEADOWLANDS DRIVE
ROYAL PALM BEACH, FL 33411 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: MELANIE MILLER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MILLER, MELANIE
Address: PO BOX 981
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM
Name: SIMON-REDMOND, TAMMY
Address: PO BOX 981
City-St-Zip: LOXAHATCHEE, FL 33470

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: TAMMY SIMON-REDMOND

MGRM

09/26/2011

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