

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000030149

**FILED**  
**Oct 12, 2011**  
**Secretary of State**

**Entity Name:** MATURE MARKET INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1046 HENLEY DOWNS PLACE  
HEATHROW, FL 32746 US

**New Principal Place of Business:**

2910 W LAKE MARY BLVD  
SUITE 102  
LAKE MARY, FL 32746 US

**Current Mailing Address:**

1046 HENLEY DOWNS PLACE  
HEATHROW, FL 32746 US

**New Mailing Address:**

2910 W LAKE MARY BLVD  
SUITE 102  
LAKE MARY, FL 32746 US

**FEI Number:** 27-2172765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ENGLISH, PETER A  
1046 HENLEY DOWNS PLACE  
HEATHROW, FL 32746 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:** PETER A ENGLISH

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** ENGLISH, PETER A  
**Address:** 1046 HENLEY DOWNS PLACE  
**City-St-Zip:** HEATHROW, FL 32746 US

**Title:** MGRM  
**Name:** ENGLISH, CYNTHIA A  
**Address:** 1046 HENLEY DOWNS PLACE  
**City-St-Zip:** HEATHROW, FL 32746 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:** PETER A. ENGLISH

PRES

10/12/2011

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