

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000037201

**FILED**  
**Sep 25, 2013**  
**Secretary of State**

**Entity Name:** MARTIAL ARTS GROUP INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

4724 BLOOMINGDALE AVE  
VAL RICO, FL 33596

**New Principal Place of Business:**

541 S. STATE ROAD 7  
SUITE 13  
MARGATE, FL 33068

**Current Mailing Address:**

4724 BLOOMINGDALE AVE  
VAL RICO, FL 33596

**New Mailing Address:**

541 S. STATE ROAD 7  
SUITE 13  
MARGATE, FL 33068

**FEI Number:** 27-2281798

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRUE, DONALD  
767 S. STATE RD. 7  
SUITE 15  
MARGATE, FL 33068 US

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

PRUE, DONALD  
541 S. STATE RD. 7  
SUITE 13  
MARGATE, FL 33068 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: DONALD PRUE

09/25/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PRUE, DONALD  
Address: 561 S. STATE RD 7, SUITE 13  
City-St-Zip: MARGATE, FL 33068

Title: MGRM  
Name: LANG, ROBERT  
Address: 541 S. STATE RD 7, SUITE 13  
City-St-Zip: MARGATE, FL 33068

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: DONALD PRUE

MGRM

09/25/2013

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