

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000069135

**FILED
Dec 02, 2011
Secretary of State**

Entity Name: TROPICAL INSURANCE AGENCY IN SEBRING LLC

Current Principal Place of Business:

8824 CORAL WAY
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8824 CORAL WAY
MIAMI, FL 33165

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORMIER, RICHIE
2155 US 27 N
SEBRING, FL 33870 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: RICHARD CORMIER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CORMIER, RICHIE
Address: 2155 US 27 N
City-St-Zip: SEBRING, FL 33870

Title: MGRM
Name: RIVERO, NESTOR
Address: 8824 CORAL WAY
City-St-Zip: MIAMI, FL 33165

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: NESTOR RIVERO

MEMB

12/02/2011

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