

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000110581

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA PROPERTY & CASUALTY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

215 SOUTH OLIVE AVENUE, SUITE 100  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

2057 US HIGHWAY 1  
VERO BEACH, FL 32960

**Current Mailing Address:**

215 SOUTH OLIVE AVENUE, SUITE 100  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

2057 US HIGHWAY 1  
VERO BEACH, FL 32960

**FEI Number:** 27-3876518

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BUZA, MELISSA  
215 SOUTH OLIVE AVENUE, SUITE 100  
WEST PALM BEACH, FL 33401 US

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

BUZA, MELISSA A  
3333 OCEAN DRIVE  
VERO BEACH, FL 32963 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: MELISSA A BUZA

10/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: BUZA, MELISSA A  
Address: 2057 US HIGHWAY 1  
City-St-Zip: VERO BEACH, FL 32960

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: MELISSA A BUZA

PRES

10/04/2011

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