

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000033400

**FILED**  
**Nov 02, 2012**  
**Secretary of State**

**Entity Name:** DIRECT INSURANCE STORE LLC

**Current Principal Place of Business:**

5701 S.W. 107TH AVENUE, SUITE 205  
MIAMI, FL 33173

**New Principal Place of Business:**

5701 S.W. 107TH AVENUE, SUITE 202  
MIAMI, FL 33173

**Current Mailing Address:**

5701 S.W. 107TH AVENUE, SUITE 205  
MIAMI, FL 33173

**New Mailing Address:**

5701 S.W. 107TH AVENUE, SUITE 202  
MIAMI, FL 33173

**FEI Number:** 45-0910901

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

ALVAREZ, JOSE A  
5701 SW 107 AVENUE  
202  
MIAMI, FL 33173 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: JOSE ANTONIO ALVAREZ

11/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALVAREZ, GUILLERMO  
Address: 5701 S.W. 107TH AVENUE, SUITE 202  
City-St-Zip: MIAMI, FL 33173

Title: S  
Name: ALVAREZ, GUILLERMO  
Address: 5701 S.W. 107TH AVENUE, SUITE 202  
City-St-Zip: MIAMI, FL 33173

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: GUILLERMO ALVAREZ

MGR

11/02/2012

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