

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000080204

**FILED**  
**May 21, 2013**  
**Secretary of State**

**Entity Name:** DAVID MARTIN INSURANCE AGENCY LLC

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY STE 1160  
FT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8695 COLLEGE PARKWAY STE 1160  
FT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 45-2086666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARTIN, DAVID  
8695 COLLEGE PARKWAY STE 1160  
FT MYERS, FL 33919 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: DAVID MARTIN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARTIN, DAVID  
Address: 8695 COLLEGE PARKWAY STE 1160  
City-St-Zip: FT MYERS, FL 33919

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: DAVID MARTIN

MGRM

05/21/2013

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