

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L12000003419

FILED
Dec 05, 2014
Secretary of State

Entity Name: KINGFISH INSURANCE GROUP LLC

Current Principal Place of Business:

8 BROADWAY AVE
SUITE A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

8 BROADWAY AVE
SUITE A
KISSIMMEE, FL 34741

New Mailing Address:

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

Name and Address of Current Registered Agent:

GUILLETTE, PETER
8 BROADWAY AVE
SUITE A
KISSIMMEE, FL 34741 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: PETER GUILLETTE

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: PRES
Name: GUILLETTE, PETER
Address: 8 BROADWAY AVE
City-St-Zip: KISSIMMEE, FL 34741

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: PETER GUILLETTE

Electronic Signature of Authorized Person

AMBR

12/05/2014

Date