

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000031876

**FILED**  
**Nov 12, 2013**  
**Secretary of State**

**Entity Name:** SABAL PALM INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

110 SOUTH MANOR AVENUE  
STUART, FL 34994

**New Principal Place of Business:**

2505 NW SOUTH MANOR AVENUE  
STUART, FL 34994

**Current Mailing Address:**

110 SOUTH MANOR AVENUE  
STUART, FL 34994

**New Mailing Address:**

2505 NW SOUTH MANOR AVENUE  
STUART, FL 34994

**FEI Number:** 45-4718540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VOSTERS, DOUGLAS  
110 SOUTH MANOR AVENUE  
STUART, FL 34994 US

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

VOSTERS, DOUGLAS B  
2505 NW SOUTH MANOR AVENUE  
STUART, FL 34994 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: DOUGLAS B VOSTERS

11/12/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: VOSTERS, DOUGLAS B  
Address: 2505 NW SOUTH MANOR AVENUE  
City-St-Zip: STUART, FL 34994

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: DOUGLAS B VOSTERS

MGR

11/12/2013

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