

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000049756

**FILED**  
**Sep 30, 2013**  
**Secretary of State**

**Entity Name:** RELIANT INSURANCE GROUP LLC

**Current Principal Place of Business:**

1975 E. SUNRISE BLVD - SUITE # 711  
FT. LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

1975 E. SUNRISE BLVD - SUITE # 711  
SUITE # 711  
FT. LAUDERDALE, FL 33304 US

**Current Mailing Address:**

516 CROSBY LANE  
ROCHESTER, NY 14612 US

**New Mailing Address:**

**FEI Number:** 90-0820912      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CORE HEALTH GROUP LLC  
3250 NE 28TH STREET  
511  
FT LAUDERDALE, FL 33308 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:** JOSEPH LEUZZI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LEUZZI, JOSEPH A JR.  
**Address:** 516 CROSBY LANE  
**City-St-Zip:** ROCHESTER, NY 14612 US

**Title:** MGRM  
**Name:** STOLTZ, JUSTIN  
**Address:** 1370 BAYVIEW DRIVE  
**City-St-Zip:** FT LAUDERDALE, FL 33304 US

**Title:** MGRM  
**Name:** DISTEFANO, CHRISTOPHER  
**Address:** 3250 NE 28TH STREET - 511  
**City-St-Zip:** FT LAUDERDALE, FL 33308 US

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:** JOSEPH LEUZZI

MGRM

09/30/2013

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