

REINSTATEMENT

DOCUMENT # L99000005431

1. Entity Name

PAGET INSURANCE AGENCY, LLC

Principal Place of Business

3522 THOMASVILLE ROAD
SUITE 300
TALLAHASSEE FL 32308

Mailing Address

P.O. BOX 13297
TALLAHASSEE FL 32317-3297

03 JAN 24 PM 4:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

200009312852

12/03/02--01028--005 **50.00

MJH



2. Principal Place of Business

2473 Can Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite 201

City & State

Tallahassee, FL

City & State

Zip

32308

Country

USA

Zip

Country

4. FEI Number

59-3593889

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RICKER, ROBERT L
1750 MARSTON PLACE
TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent

Name

Miller, Travis L.

Street Address (P.O. Box Number is Not Acceptable)

106 East College Ave.

Suite 1200

City

Tallahassee

FL

Zip Code

32301

8. 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

Travis L. Miller

TRAVIS L. MILLER, OUTSIDE COUNSEL

1/17/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIKER, WILLIAM I 6 PAMPAS ROAD SMITHS BERMUDA	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICKER, ROBERT L 1750 MARSTON PLACE TALLAHASSEE FL 32312	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUMMIS, JOHN M 38 HARBOUR ROAD BEVERLY, BERMUDA	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, JOHN D JR SOFIA PLACE 8 TANKFIELD HILL PAGET BERMUDA	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STANARD, JAMES N 15 ARDSHEAL DRIVE PAGET BERMUDA	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200009312852 01/24/03--01070--003 **150.00	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition <input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Travis L. Miller

6/24/02

850-894-2777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)