

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000004459

1. Entity Name
HIGHLINE INSURANCE SERVICES, LLC



FILED

07 NOV 14 PM 3:31

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
2000 POWELL STREET, SUITE 300
EMERYVILLE, CA 94608

Mailing Address
2000 POWELL STREET, SUITE 300
EMERYVILLE, CA 94608



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10162007 REIN-LLC CR2E101 (1/07)

City & State

City & State

4. FEI Number
20-4895920

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Samir Bhatt, Asst. V.P.

11/07/07

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
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SINCLAIR, WILLIAM C
STREET ADDRESS 2000 POWELL STREET, SUITE 300
CITY-ST-ZIP EMERYVILLE, CA 94608

TITLE ☐ Change ☐ Addition
NAME 300111300583
STREET ADDRESS 10/24/07--01047--014 **50.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

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

10/19/07

Date

510-735-2600

Daytime Phone #

REINSTATEMENT