

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M06000004459

FILED
Oct 30, 2008
Secretary of State

Entity Name: HIGHLINE INSURANCE SERVICES, LLC

Current Principal Place of Business:

2000 POWELL STREET, SUITE 300
EMERYVILLE, CA 94608

New Principal Place of Business:

Current Mailing Address:

2000 POWELL STREET, SUITE 300
EMERYVILLE, CA 94608

New Mailing Address:

FEI Number: 20-4895920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: LAURIE BUTLER, V.P.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SINCLAIR, WILLIAM C
Address: 2000 POWELL STREET, SUITE 300
City-St-Zip: EMERYVILLE, CA 94608

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM C. SINCLAIR

MGR

10/30/2008

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