

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M11000002422

FILED
Oct 01, 2013
Secretary of State

Entity Name: PRIVATE CLIENT INSURANCE LLC

Current Principal Place of Business:

2770 INDIAN RIVER BLVD
SUITE 306
VERO BEACH, FL 32960

New Principal Place of Business:

587 W EAU GALLIE BLVD
SUITE 102
MELBOURNE, FL 32935

Current Mailing Address:

PO BOX 780
MCHENRY, MD 21541

New Mailing Address:

587 W EAU GALLIE BLVD
SUITE 102
MELBOURNE, FL 32935

FEI Number: 27-4476118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADCLIFF, TRACI R
2770 INDIAN RIVER BLVD
SUITE 306
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

RADCLIFF, TRACI R
3150 N WICKHAM RD
SUITE 5
MELBOURNE, FL 32935 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: TRACI RADCLIFF

10/01/2013

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RADCLIFF, TRACI R
Address: 3150 N WICKHAM RD. SUITE 5
City-St-Zip: MELBOURNE, FL 32935

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: TRACI RADCLIFF

MGM

10/01/2013

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