

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000008593

FILED
Oct 27, 2009
Secretary of State

Entity Name: AMERICAN PRIDE INSURANCE AGENCY, LLC

Current Principal Place of Business:

301 NORTH PINE MEADOW DRIVE
SUITE B
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

301 NORTH PINE MEADOW DRIVE
SUITE B
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 90-0278756 **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:

CROCKER, GREG H
301 NORTH PINE MEADOW DRIVE
SUITE B
DEBARY, FL 32713 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: GREG CROCKER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: ALL MORTGAGE SERVICES, LLC
Address: 301 NORTH PINE MEADOW DRIVE, SUITE B
City-St-Zip: DEBARY, FL 32713 US

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: GREG CROCKER

MGRM

10/27/2009

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