

2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000001755

Entity Name: JOACHIM INSURANCE GROUP, LLC

Current Principal Place of Business:

9251 S. ORANGE BLOSSOM TRAIL
SUITE 3
ORLANDO, FL 32837

Current Mailing Address:

9251 S. ORANGE BLOSSOM TRAIL
SUITE 3
ORLANDO, FL 32837

FEI Number: 42-1751289

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOACHIM, LAWENS
9251 S. ORANGE BLOSSOM TRAIL
3
ORLANDO, FL 32837 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: LAWENS JOACHIM

11/13/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name JOACHIM, LAWENS
Address 9251 S. ORANGE BLOSSOM TRAIL
STE 3
City-State-Zip: ORLANDO FL 32837

Title MGRM
Name JOACHIM, ARRY
Address 9251 S. ORANGE BLOSSOM TRAIL
STE 3
City-State-Zip: ORLANDO FL 32837

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAWENS JOACHIM

MGR

11/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date