

2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L14000085832

Entity Name: BEST RATE INSURANCE EXCHANGE OF AMERICA LLC

Current Principal Place of Business:

8600 NW 17TH STREET
SUITE 101
DORAL, FL 33126

Current Mailing Address:

8600 NW 17TH STREET
SUITE 101
DORAL, FL 33126 US

FEI Number: 45-5764815

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REILLY, BRIAN G
19670 NW 27TH AVE
MIAMI GARDENS, FL 33056 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: BRIAN REILLY

10/03/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name REILLY, BRIAN G
Address 19670 NW 27TH AVE
City-State-Zip: MIAMI GARDENS FL 33056

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: BRIAN REILLY

MANAGING MEMBER

10/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date