

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L15000128545

Entity Name: EASTON INSURANCE AND RISK MANAGEMENT, LLC

Current Principal Place of Business:

12118 SAN CHALIFORD CT
TAMPA, FL 33626

Current Mailing Address:

12118 SAN CHALIFORD CT
TAMPA, FL 33626

FEI Number: 47-4655392

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EASTON, MICHAEL
12118 SAN CHALIFORD CT
TAMPA, FL 33626 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: MICHAEL EASTON

10/21/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name EASTON, MICHAEL
Address 12118 SAN CHALIFORD CT
City-State-Zip: TAMPA FL 33626

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: MICHAEL EASTON

MANAGING MEMBER

10/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date