

**2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L20000147758

**Entity Name:** VALLEY INSURANCE SERVICES OF FLORIDA, LLC

**Current Principal Place of Business:**

3910 RCA BLVD STE 100  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3910 RCA BLVD STE 100  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 88-6111055

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** STEPHEN WARNER

09/30/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name MAYFIELD, GEOFFREY  
Address 3910 RCA BLVD STE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AUTHORIZED MEMBER  
Name KASTEN, MARK  
Address 3910 RCA BLVD STE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title AUTHORIZED REPRESENTATIVE  
Name MCCARTY, DANIEL  
Address 3910 RCA BLVD STE 100  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** MCCARTY , DANIEL

**AUTHORIZED  
REPRESENTATIVE**

09/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date