L01000021545

2002 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000021545

0001070

1. Entity Name

S.C. RECOVERY, LLC

FILED

02 OCT 29 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 1111 LINCOLN ROAD 4TH FLOOR<br>MIAMI BEACH FL 33139 | 1111 LINCOLN ROAD 4TH FLOOR<br>MIAMI BEACH FL 33139 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 333 Sandy Springs Circle | 333 Sandy Springs Circle |
| Suite, Apt. #, etc.: Suite 230 | Suite, Apt. #, etc.: Suite 230 |
| City & State: Atlanta, GA | City & State: Atlanta, GA |
| Zip: 30328 Country: USA | Zip: 30328 Country: USA |

4. FEI Number: 74-3049200 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

HOWARD, EUGENE J ESQ.
1111 LINCOLN ROAD 4TH FLOOR
MIAMI BEACH FL 33139

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required if agent is changing.)

REINSTATEMENT 2002

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By September 25, 2002**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>HIGH CAPITAL FUNDING LLC<br>333 SANDY SPRINGS CIRCLE #230<br>ATLANTA GA 30328 ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE MGRM / NAME / STREET ADDRESS / CITY-ST-ZIP | Frank E. Hart<br>333 Sandy Springs Circle<br>Suite 230<br>Atlanta, GA 30328 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>900008683169<br>10/29/02--01165--008 **155.00 |
| TITLE MGRM / NAME / STREET ADDRESS / CITY-ST-ZIP | David E. Bumgardner, Sr.<br>13365 Doubletree Circle<br>Wellington, FL 33414 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE MGRM / NAME / STREET ADDRESS / CITY-ST-ZIP | Robert Charles Hill, III<br>c/o Robert Saylor, P.A.<br>1615 Forum Place, Suite 100<br>West Palm Beach, FL 33401 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** SIGNATURE REQUIRED David A. Rapaport, Pres. October 24, 2002 (404) 257-9150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #