

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000054134

FILED
Nov 10, 2008
Secretary of State

Entity Name: CAPITAL VENTURES FINANCIAL GROUP LLC

Current Principal Place of Business:

254 STONEWELL DR
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

14286-19 BEACH BLVD # 325
JACKSONVILLE, FL 32250 US

Current Mailing Address:

254 STONEWELL DR
JACKSONVILLE, FL 32259

New Mailing Address:

14286-19 BEACH BLVD # 325
JACKSONVILLE, FL 32250 US

FEI Number: 20-2777150 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBLES, ROGELIO
254 STONEWELL DR
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

ROBLES, ROGELIO
14286-19 BEACH BLVD # 325
JACKSONVILLE, FL 32250 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: ROGELIO ROBLES

11/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBLES, ROGELIO
Address: 254 STONEWELL DR
City-St-Zip: JACKSONVILLE, FL 32259 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROBLES, ROGELIO
Address: 14286-19 BEACH BLVD # 325
City-St-Zip: JACKSONVILLE, FL 32250 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROGELIO ROBLES

MGR

11/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date