

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000001204

**Entity Name:** CCORE CAPITAL LLC

**FILED**  
**Dec 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1770 LENOX AVE  
MIAMI, FL 33139

**New Principal Place of Business:**

429 LENOX AVE  
MIAMI, FL 33139 US

**Current Mailing Address:**

1770 LENOX AVE  
MIAMI, FL 33139

**New Mailing Address:**

429 LENOX AVE  
MIAMI, FL 33139 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SMALLBIZ AGENTS, LLC  
75 N. WOODWARD AVE., #10000  
TALLAHASSEE, FL 32313 US

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

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: JON CUMMINGS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OMEGA COMMERCIAL FINANCING CORP.  
Address: 1000 5TH STREET STE 200  
City-St-Zip: MIAMI, OH 33139

I hereby 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: JON NCUMMINGS

MGM

12/10/2012

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