

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000000989

**FILED**  
**Apr 10, 2007**  
**Secretary of State**

**Entity Name:** COLLATERAL MARKETING CONCEPTS, LLC

**Current Principal Place of Business:**

12301 ADAIR COURT  
TAMPA, FL 33626

**New Principal Place of Business:**

14641 CANOPY DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

12301 ADAIR COURT  
TAMPA, FL 33626

**New Mailing Address:**

14641 CANOPY DRIVE  
TAMPA, FL 33626

**FEI Number:** 47-0859018      **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:**

LIGHTY, CAROLYN  
12301 ADAIR COURT  
TAMPA, FL 33626      US

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

LIGHTY, CAROLYN  
14641 CANOPY DRIVE  
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: CAROLYN LIGHTY

04/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LIGHTY, CAROLYN  
Address: 12301 ADAIR COURT  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: LIGHTY, CAROLYN  
Address: 14641 CANOPY DRIVE  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN LIGHTY

MGR

04/10/2007

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