

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000010067

FILED
Oct 09, 2006
Secretary of State

Entity Name: FONTAINE FINANCIAL NETWORK, LLC

Current Principal Place of Business:

258 SE 6TH AVE SUITE 10
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

258 SE 6TH AVENUE
SUITE 10
DELRAY BEACH, FL 33483 US

Current Mailing Address:

258 SE 6TH AVE SUITE 10
DELRAY BEACH, FL 33483 US

New Mailing Address:

258 SE 6TH AVENUE
SUITE 10
DELRAY BEACH, FL 33483 US

FEI Number: 01-0741513 **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:

FONTAINE, DAREN M
4955 PINETREE DRIVE
BOYNTON BEACH, FL 33436 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: DAREN FONTAINE

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FONTAINE, DAREN M
Address: 220 MACFARLANE DRIIVE, #206
City-St-Zip: DELRALY BEACH, FL 33483 US

Title: MGRM () Delete
Name: FONTAINE, DAREN M
Address: 258 SE 6TH AVE STE #10
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAREN FONTAINE

MR.

10/09/2006

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