PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT #

Typed or printed name of signing Managing Member/Man

Name and Mailing Address

L02000029913

FILED 03 OCT 27 AM 8 DD SECRETARY OF STATE TALLAHASSEE, FLORIDA

0014248 01 AT 0,292 **AUTO T2 0 0615 33990-683599 Indiadalasdadaminaladaladaladadada TRINITY SERVICING LLC 1508 SE 17TH AVE CAPE CORAL FL 33990-6835



US						
2. New Mailing Address 204 S. PENSACOTA AVE			State/⊎ountry of Formation FL			
City, State, Zip AT MORE, AL. 36502			-5. Date Organized or Qualified			
Principal Place of Business 1508 SE 17TH AVE CAPE CORAL FL 33990 US	3. New Principal Place of Busines (040) CW CAR City, State, Zip CENTURY, FL 35	CA PAWAS			Applied For Not Applicable Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent		Name and Address of New Registered Agent				
MACKETY-ZUNDEL, SAMANTHA A 4614 SW 20TH PL CAPE CORAL FL 33914		Name Street Address (P.O. Box Number is Not Acceptable)				
		City		FL	Zip Code	
10. I, being appointed to registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST-SIGN 11. Names and Street Addresses Lear anaging immber/Manager						
Title(s) Name of Managing Members/Managers	Stre	Street Address of Each Managing Member/Manager			City / State / Zip	
		1500 St. 1771 NV. 10t-C.W. Caraway Ro		CENTURYALL 32535		
			500 10/27/0	002417181 3=-01095=-014 **	5 150.00	
	. 6	\C-88865=	हेंब्र स्ट्राट होना हो। हि	Constitution of the Consti		
	i i i i i i i i i i i i i i i i i i i		2 9 (magnet)	- 03		
12. I certify that I am managing member/manager of filing this reinstatement application the eason for all fees owed by the limited liability company have as if made under oath. Signature of Managing Member/Manage	r disscration has been eliminated, the le been paid. The tormation indicated	imited liability comp on this application	any name satisfie is true and accura	s the requirements of section 60	08.406, F.S., and that the same legal effect	