## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

## DOCUMENT# L03000047709

Address:

City-St-Zip:

P.O. BOX 3955

SEMINOLE, FL 33775 US

Entity Name: RESIDENTIAL PROPERTY SOLUTIONS, LLC

FILED Nov 15, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
P.O. BOX SEMINOLI	3955 E, FL 33775 US			
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P.O. BOX SEMINOLE	3955 E, FL 33775 US			
In accordan	r: 14-1900481 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the limited liability	company did not receive the prior notice.	tatus Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of New Registere	a Agent:	
KIMBERLY PHILLIPS-HAIKARA ATTORNEY AT LAW 12360 66TH STREET NORTH SUITE E LARGO, FL 33773 US		W KIMBERLY PHILLIPS-HAIKARA ATTOF 10225 ULMERTON ROAD SUITE 4D LARGO, FL 33771 US	SUITE 4D	
	e named entity submits this statement for t e of Florida.	ne purpose of changing its registered office or register	red agent, or both	
SIGNATURE: KIMBERLY PHILLIPS-HAIKARA		11/15/2	004	
	Electronic Signature of Registered	Agent Date		
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete REYNOLDS, LAUREN A P.O. BOX 3955 SEMINOLE, FL 33775 US	Title: ( ) Change ( ) Addit Name: Address: City-St-Zip:	tion	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete BARLET, CHARLES W P.O. BOX 3955 SEMINOLE, FL 33775 US	Title: ( ) Change ( ) Addit Name: Address: City-St-Zip:	tion	
Title: Name: Address: City-St-Zip:	MGRM ( ) Delete REYNOLDS, REBECCA D P.O. BOX 3955 SEMINOLE, FL 33775 US	Title: ( ) Change ( ) Addit Name: Address: City-St-Zip:	tion	
Title: Name:	MGRM ( ) Delete BARLET, JULIE A	Title: ( ) Change ( ) Addit Name:	tion	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: JULIE A. BARLET MGRM 11/15/2004