

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000014271

FILED
Oct 06, 2009
Secretary of State

Entity Name: FREEDOM PROPERTY SOLUTIONS, LLC

Current Principal Place of Business:

15841 PINES BLVD., SUITE 310
PEMBROKE PINES, FL 33027

New Principal Place of Business:

Current Mailing Address:

15841 PINES BLVD., SUITE 310
PEMBROKE PINES, FL 33027

New Mailing Address:

FEI Number: 20-2042959 **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:

Name and Address of New Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: VALERIE HAWK, SPECIAL SECRETARY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUDGER, JOEL M
Address: 15841 PINES BLVD., SUITE 310
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Delete
Name: ROBINSON, GARY H
Address: 15841 PINES BLVD., SUITE 310
City-St-Zip: PEMBROKE PINES, FL 33027

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 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: JOEL GUDGER, BY V.HAWK AS ATTY-IN-FACT

MGRM

10/06/2009

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