

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000043051

**FILED**  
**Oct 06, 2006**  
**Secretary of State**

**Entity Name:** THE ACCUPRIME MORTGAGE GROUP, LLC

**Current Principal Place of Business:**

1742B W 15TH STREET  
PANAMA CITY, FL 32401 US

**New Principal Place of Business:**

**Current Mailing Address:**

1742B W 15TH STREET  
PANAMA CITY, FL 32401 US

**New Mailing Address:**

**FEI Number:** 20-1227584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, EDWARD G  
1742B W 15TH STREET  
PANAMA CITY, FL 32401 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:** GREG ANDERSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** ANDERSON, EDWARD GREGORY  
**Address:** 7219 BOAT RACE ROAD  
**City-St-Zip:** PANAMA CITY, FL 32404 US

**Title:** MGRM ( ) Delete  
**Name:** DICK, STEVE C  
**Address:** 1303 CHERRY STREET  
**City-St-Zip:** PANAMA CITY, FL 32401 US

**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:** STEVE DICK

MGRM

10/06/2006

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