2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L04000081696

1. Entity Name
NATIONAL MORTGAGE PROVIDERS, L.L.C.

Principal Place of Business	Mailing Address
2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US	2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

09192005 REIN-LLC CR2E101 (8/04)

4. FEI Number: 20-1869694 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WEINBERG, STEVEN A
7805 S.W. 6TH COURT
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steven A. Weinberg 9/19/05
Electronic, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Ende, Joseph 2950 Cypress Creek Rd ~~Ft Lauderdale FL 33309~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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FILED
2005 SEP 19 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

11. I hereby certify that the information supplied with this filing does not qualify 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 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: ____________, MGRM 9/19/05 (561) 988-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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