

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000093375

FILED
Oct 06, 2005
Secretary of State

Entity Name: ASSOCIATED MORTGAGE & FAMILY PROTECTION, LLC

Current Principal Place of Business:

P.O. BOX 410189
MELBOURNE, FL 32941 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 410189
MELBOURNE, FL 32941 US

New Mailing Address:

FEI Number: 77-0654014 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PROKOS, WILLIAM
836 SPANISH WELLS DRIVE
MELBOURNE, FL 32940 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: WILLIAM PROKOS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PROKOS, WILLIAM
Address: 836 SPANISH WELLS DR
City-St-Zip: MELBOURNE, FL 32940 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PROKOS, WILLIAM
Address: P.O. BOX
City-St-Zip: MELBOURNE, FL 32941 US

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.

SIGNATURE: WILLIAM PROKOS

MGR

10/06/2005

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