

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000001587

FILED
Oct 15, 2007
Secretary of State

Entity Name: ASSOCIATED MORTGAGE & FAMILY PROTECTION, L.L.C.

Current Principal Place of Business:

P.O. BOX 410189
MELBOURNE, FL 32941 US

New Principal Place of Business:

6411 BORASCO DR
UNIT #204
MELBOURNE, FL 32940 US

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 (X)**
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:

PROKOS, WILLIAM J
836 SPANISH WELLD DR
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

PROKOS, WILLIAM J
836 SPANISH WELLS DR
MELBOURNE, FL 32940 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: WILLIAM PROKOS

10/15/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: RVP () Delete
Name: PROKOS, WILLIAM
Address: PO BOX 410189
City-St-Zip: MELBOURNE, FL 32941 US

ADDITIONS/CHANGES:

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: WILLIAM PROKOS

RVP

10/15/2007

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