


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000004294 1. Entity Name FIRST UNION MORTGAGES LLC.						FILED 08 NOV -4 PM 2:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 2221 TOURNAMENT CT KISSIMMEE, FL 34746				Mailing Address 2221 TOURNAMENT CT KISSIMMEE, FL 34746 US					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent HOWELL, DAVE B 2635 HWY 557 LAKE ALFRED, FL 33850				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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. <div style="display: flex; justify-content: space-between;"> <div> SIGNATURE <u><i>Dave B Howell</i></u> <small>Signature, typed or printed name of registered agent, and title if applicable.</small> </div> <div> <u><i>MGRM.</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <u><i>10/24/08</i></u> <small>DATE</small> </div> </div>									
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, DAVE B JR 2635 HWY 557 LAKE ALFRED, FL 33850 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> <div style="text-align: center;"> 11/12/08 01044 001 **138.75 500137855015 11/12/08--01044--001 **138.75 </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JERBIER, CARLOS 243-20 MADA ROAD ROSEDALE, NY 11422 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUSEY, JEANNET D 2635 HWY 557 LAKE ALFRED, FL 33850 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			REINSTATEMENT w/o Penalty 2008 <i>up 11/5</i>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, DAVE B 2635 HWY 557 LAKE ALFRED, FL 33850 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Dave B. Howell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u><i>10/24/08</i></u> <small>Date</small>				<u><i>863 529 3334</i></u> <small>Daytime Phone #</small>	