

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000036809

FILED
Oct 30, 2007
Secretary of State

Entity Name: FIDELITY NATIONAL TRUST LLC

Current Principal Place of Business:

3 HARBOUR DRIVE N
SUITE 100
BOYNTON BEACH, FL 33435

New Principal Place of Business:

2421 SPRUCE AVE
SUITE 100
WEST PALM BEACH, FL 33407

Current Mailing Address:

P. O. BOX 413
BOYNTON BEACH, FL 33425

New Mailing Address:

FEI Number: 20-4699647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

ARSALI, NICHOLAS
3 HARBOUR DRIVE N
SUITE 100
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

ARSALI, NICHOLAS
3 HARBOUR DRIVE N
BOYNTON BEACH, FL 33435 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: NICHOLAS ARSALI

10/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARSALI, NICHOLAS
Address: P. O. BOX 413
City-St-Zip: BOYNTON BEACH, FL 33425

Title: MGRM () Delete
Name: ARSALI, AFsoon
Address: P. O. BOX 413
City-St-Zip: BOYNTON BEACH, FL 33425

Title: MGRM () Delete
Name: ARSALI, ANTHONY
Address: P. O. BOX 413
City-St-Zip: BOYNTON BEACH, FL 33425

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: NICHOLAS ARSALI

MGRM

10/30/2007

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