

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000062703

FILED
Aug 23, 2007
Secretary of State

Entity Name: POWELL TOTAL CREDIT SERVICES, LLC

Current Principal Place of Business:

3512 E. SILVER SPRINGS BLVD.
SUITE 136
OCALA, FL 34470 US

New Principal Place of Business:

3512 E. SILVER SPRINGS BLVD.
SUITE 125
OCALA, FL 34470 US

Current Mailing Address:

3512 E. SILVER SPRINGS BLVD.
SUITE 136
OCALA, FL 34470 US

New Mailing Address:

3512 E. SILVER SPRINGS BLVD.
SUITE 125
OCALA, FL 34470 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

POWELL, LISA A
3512 E. SILVER SPRINGS BLVD.
SUITE 136
OCALA, FL 34470 US

Name and Address of New Registered Agent:

SOWERS, DENISE
3512 E. SILVER SPRINGS BLVD.
SUITE 125
OCALA, FL 34470 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: DENISE SOWERS

08/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: POWELL, LISA A
Address: 3512 E. SILVER SPRINGS BLVD. SUITE 136
City-St-Zip: Ocala, FL 34470 US

Title: MGR (X) Delete
Name: OSMAN, ISMAIL
Address: 3512 E. SILVER SPRINGS BLVD. SUITE 136
City-St-Zip: Ocala, FL 34470 US

Title: MGR (X) Delete
Name: FARRELL, JENNIFER J
Address: 3512 E. SILVER SPRINGS BLVD. SUITE 136
City-St-Zip: Ocala, FL 34470 US

Title: MGR (X) Delete
Name: GARRETT, TAMARA R
Address: 3512 E. SILVER SPRINGS BLVD. SUITE 136
City-St-Zip: Ocala, FL 34470 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SOWERS, DENISE
Address: 3512 E. SILVER SPRINGS BLVD. SUITE 125
City-St-Zip: Ocala, FL 34470 US

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: DENISE SOWERS

MGRM

08/23/2007

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