

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000080887

FILED
Oct 07, 2009
Secretary of State

Entity Name: M&D CLOSING SERVICES, LLC

Current Principal Place of Business:

4987 N UNIVERSITY DRIVE
17B
LAUDERHILL, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

4987 N UNIVERSITY DRIVE
17B
LAUDERHILL, FL 33351 US

New Mailing Address:

FEI Number: 14-1944553 **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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

LIGON, MICHAEL
12430 SW 2ND STREET
PLANTATION, FL 33325 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: MICHAEL LIGON

10/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LIGON, MICHAEL
Address: 12430 SW 2ND STREET
City-St-Zip: PLANTATION, FL 33325 US

Title: MGRM () Delete
Name: LIGON, DAVID
Address: 5300 NW 114 AVENUE, #109
City-St-Zip: MIAMI, FL 33178 US

ADDITIONS/CHANGES:

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: MICHAEL LIGON

MGRM

10/07/2009

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