

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000087749

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** LIGHTNING FINANCIAL LLC

**Current Principal Place of Business:**

290 BRIGHTEN CT  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

**Current Mailing Address:**

290 BRIGHTEN CT  
ENGLEWOOD, FL 34223

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

PURSLOW, SHAUN M  
2797 FIRST ST  
SUITE 1302  
FT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

WIDENER, STEVE  
290 BRIGHTEN CT.  
ENGLEWOOD, FL 34223 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: STEVE WIDENER

10/05/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WIDENER, STEVE  
Address: 290 BRIGHTEN CT  
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM (X) Delete  
Name: PURSLOW, SHAUN  
Address: 290 BRIGHTEN CT  
City-St-Zip: ENGLEWOOD, FL 34223

**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 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: STEVE WIDENER

MGMR

10/05/2006

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