

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000107279

FILED
Aug 09, 2007
Secretary of State

Entity Name: FIG RETURNS LLC

Current Principal Place of Business:

3983 CONWAY BLVD.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

12176 KINGSBURY AVE
PORT CHARLOTTE, FL 33981

Current Mailing Address:

PO BOX 496758
PORT CHARLOTTE, FL 339496758

New Mailing Address:

PO BOX 496728
PORT CHARLOTTE, FL 33949

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**
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:

JAMES, SUEANN
3983 CONWAY BLVD.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

JAMES, S
12176 KINGSBURY AVE
PORT CHARLOTTE, FL 33981 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: S JAMES

08/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAMES, SUEANN M
Address: PO BOX 496758
City-St-Zip: PORT CHARLOTTE, FL 33949

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMES, S
Address: PO BOX 496728
City-St-Zip: PORT CHARLOTTE, FL 33949

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: S JAMES

MGRM

08/09/2007

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