

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000114345

**FILED**  
**Sep 27, 2006**  
**Secretary of State**

**Entity Name:** CHASE CAPITAL FUNDING, LLC

**Current Principal Place of Business:**

12603 NW 56TH DR.  
CORAL SPRINGS, FL 33076

**New Principal Place of Business:**

**Current Mailing Address:**

12603 NW 56TH DR.  
CORAL SPRINGS, FL 33076

**New Mailing Address:**

**FEI Number:** 20-3856041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

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

EROGLU, AHMET K MGR  
12603 NW 56TH DR  
CORAL SPRINGS, FL 33076 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: AHMET KEREM EROGLU

09/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EROGLU, AHMET K  
Address: 12603 NW 56TH DR.  
City-St-Zip: CORAL SPRINGS, FL 33076

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: SECR ( ) Change (X) Addition  
Name: EROGLU, STACY T  
Address: 12603 NW 56TH DR  
City-St-Zip: CORAL SPRINGS, FL 33076

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: AHMET KEREM EROGLU

MGR

09/27/2006

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