

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000122743

FILED
Oct 04, 2006
Secretary of State

Entity Name: GREATER MORTGAGE SOLUTIONS LLC

Current Principal Place of Business:

1339 WEST GRANADA BLVD
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

170 SOUTH HALIFAX
DAYTONA BEACH, FL 32118 US

Current Mailing Address:

1339 WEST GRANADA BLVD
ORMOND BEACH, FL 32174 US

New Mailing Address:

170 SOUTH HALIFAX
DAYTONA BEACH, FL 32118 US

FEI Number: 20-4223986 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **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:

CALLAHAN, SHANNON E
1339 WEST GRANADA BLVD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

CALLAHAN, SHANNON E
170 SOUTH HALIFAX
DAYTONA BEACH, FL 32118 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: SHANNON CALLAHAN

10/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLYNN, ANDREW P
Address: 1339 WEST GRANADA BLVD
City-St-Zip: ORMOND BEACH, FL 32174 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLYNN, ANDREW P
Address: 170 SOUTH HALIFAX
City-St-Zip: DAYTONA BEACH, FL 32118 US

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: ANDREW FLYNN

MGR

10/04/2006

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