

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000005493

**FILED
Jun 18, 2009
Secretary of State**

Entity Name: HOUSEHOLD LEASING UNLIMITED, LLC

Current Principal Place of Business:

773 SIESTA KEY CIRCLE
#1811
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

808 TIVOLI CIRCLE
#103
DEERFIELD BEACH, FL 33441

Current Mailing Address:

773 SIESTA KEY CIRCLE
1811
DEERFIELD BEACH, FL 33441

New Mailing Address:

PO BOX 461
DEERFIELD BEACH, FL 33441

FEI Number: 20-2740709 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:

HEYWARD, BERNIE
773 SIESTA KEY CIRCLE
#1811
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

HEYWARD, BERNIE
808 TIVOLI CIRCLE
#103
DEERFIELD BEACH, FL 33441 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: BERNARD HEYWARD

06/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEYWARD, BERNIE
Address: 773 SIESTA KEY CIRCLE #1811
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HEYWARD, BERNIE
Address: 808 TIVOLI CIRCL E #103
City-St-Zip: DEERFIELD BEACH, FL 33441

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: BERNARD HEYWARD

MGRM

06/18/2009

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