2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jul 16, 2008
Secretary of State

DOCUMENT# L06000008452

Entity Name: M&M FINANCIAL LLC.

Current Principal Place of Business:

2436 NORTH FEDERAL HIGHWAY #359
LIGHTHOUSE POINT, FL 33064 US

New Principal Place of Business:

Current Mailing Address:

2436 NORTH FEDERAL HIGHWAY #359
LIGHTHOUSE POINT, FL 33064 US

New Mailing Address:

FEI Number: 20-4516669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: UNITED STATES CORPORATION AGENTS, INC.
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MEZZAPEL, BENJAMIN E
Address: 2436 NORTH FEDERAL HIGHWAY #359
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

Title: MGRM (X) Delete
Name: MERANDI, DANIEL J
Address: 2436 NORTH FEDERAL HIGHWAY #359
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

ADDITIONS/CHANGES:

Title: DIR (X) Change ( ) Addition
Name: MERANDI, DANIEL J
Address: 2436 NORTH FEDERAL HIGHWAY #359
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

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

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: DANIEL MERANDI DIR. 07/16/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date