

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000058823

**FILED**  
**Nov 08, 2007**  
**Secretary of State**

**Entity Name:** FORECLOSURE BAILOUT SERVICES LLC

**Current Principal Place of Business:**

9915 OAK QUARRY DR.  
ORLANOD, FL 32832

**New Principal Place of Business:**

**Current Mailing Address:**

9915 OAK QUARRY DR.  
ORLANOD, FL 32832

**New Mailing Address:**

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

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

FAGAN, SANDRA  
5402 SW 185TH TERR  
MIRAMAR, FL 33029 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: SANDRA FAGAN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS ( ) Delete  
Name: FAGAN, SANDRA  
Address: 5402 SW 185TH TERR  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

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: SANDRA FAGAN

MGRM

11/08/2007

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