

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000059501

FILED
Oct 29, 2008
Secretary of State

Entity Name: FLORIDA MORTGAGE CONSULTANTS, LLC

Current Principal Place of Business:

2240 WOOLBRIGHT ROAD #407
BOYNTON BEACH, FL 33426

New Principal Place of Business:

601 N. CONGRESS AVE. SUITE 429
DELRAY BEACH, FL 33445

Current Mailing Address:

2240 WOOLBRIGHT ROAD #407
BOYNTON BEACH, FL 33426

New Mailing Address:

601 N. CONGRESS AVE. SUITE 429
DELRAY BEACH, FL 33445

FEI Number: 20-5049199 FEI Number Applied For () FEI Number Not Applicable () 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:

SHERRY, NEIL
2240 WOOLBRIGHT ROAD #407
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

SHERRY, NEIL
601 N. CONGRESS AVE. SUITE 429
DELRAY BEACH, FL 33445 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: NEIL SHERRY

10/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHERRY, NEIL
Address: 2240 WOOLBRIGHT ROAD #407
City-St-Zip: BOYNTON BEACH, FL 33426

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHERRY, NEIL L
Address: 9899 KAMENA CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

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: NEIL SHERRY

CEO

10/29/2008

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