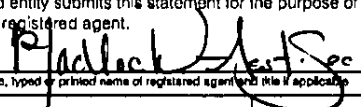
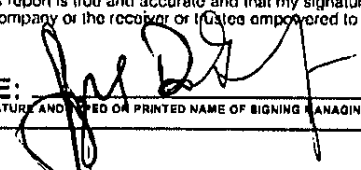


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

*client did
not receive
notice * AR

DOCUMENT # L06000061450					
1. Entity Name LENDIA SPECIALTY FUNDING LLC					
Principal Place of Business 1221 BRICKELL AVENUE, SUITE 2600 MIAMI, FL 33131			Mailing Address 1221 BRICKELL AVENUE, SUITE 2600 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1239108	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NICHOLS, ANNE 1221 BRICKELL AVENUE, SUITE 2600 MIAMI, FL 33131			Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 545 East Park Avenue City Tallahassee FL Zip Code 32301		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 4/30/09	
FILE NOW!!! FEE IS \$377.50 277.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR DAGROSA, JOSEPH E JR 1221 BRICKELL AVE - SUITE 2660 MIAMI, FL 33131 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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REINSTATEMENT 2008-2009			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 liquidator empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 3/30/09 (305) 374-4243	

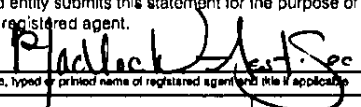


03302009 REIN-LLC CR2E101 (1/07)

4. FEI Number
57-1239108

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

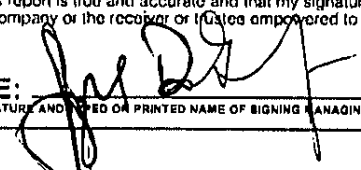
7. Name and Address of New Registered Agent
Name CorpDirect Agents, Inc.
Street Address (P.O. Box Number is Not Acceptable)
545 East Park Avenue
City Tallahassee FL Zip Code 32301

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SIGNATURE:  Date 3/30/09 (305) 374-4243

FILED
09 APR 30 PM 2:25
TALLAHASSEE, FLORIDA