

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000064242

Entity Name: LENDING NETWORK LLC

FILED  
Oct 19, 2009  
Secretary of State

**Current Principal Place of Business:**

19031 SW 140 AVE  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

19031 SW 140 AVE  
MIAMI, FL 33177

**New Mailing Address:**

FEI Number: 20-5127325      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:**

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

MOLINA, DAVID  
5201 BLUE LAGOON DRIVE  
MIAMI, FL 33126      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: DAVID MOLINA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: DIR      ( ) Delete  
Name: MOLINA, DAVID  
Address: 5201 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 33126

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

Title: MGR      (X) Delete  
Name: MOLINA, NEBI  
Address: 5201 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 33126

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

Title: DIR      (X) Delete  
Name: CRUZ, GUILLERMO  
Address: 5201 BLUE LAGOON DRIVE  
City-St-Zip: MIAMIA, FL 33126

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

Title: MGR      (X) Delete  
Name: SOSA, ENRIQUE  
Address: 5201 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 33126

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

Title: TRE      ( ) Delete  
Name: MOLINA, DAVID  
Address: 5201 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 33126

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: DAVID MOLINA

MGR

10/19/2009

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