2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# L06000066637

Entity Name: FOUNTAINS OF CASH LLC

Current Principal Place of Business:

11226 BLACK FOREST TRL
RIVERVIEW, FL 33569

New Principal Place of Business:

12030 TUSCANY BAY
TAMPA, FL 33626

Current Mailing Address:

11226 BLACK FOREST TRL
RIVERVIEW, FL 33569

New Mailing Address:

FEI Number: 20-5376063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

FOUNTAIN, KELLI
11226 BLACK FOREST TRL
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

FOUNTAIN, KELLI
12030 TUSCANY BAY
TAMPA, FL 33626 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: KELLI FOUNTAIN 01/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WRAZIEN, ROBERT
Address: 11226 BLACK FOREST TRL
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM (X) Delete
Name: FOUNTAIN, KELLI
Address: 11226 BLACK FOREST TRL
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: FOUNTAIN, KELLI
Address: 12030 TUSCANY BAY
City-St-Zip: TAMPA, FL 33626

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: KELLI FOUNTAIN PRES 01/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date