

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000068382

1. Entity Name  
ONYX DIRECT FUNDING, LLC



Principal Place of Business  
12864 BISCAYNE BLVD., SUITE 332  
NORTH MIAMI, FL 33181

Mailing Address  
12864 BISCAYNE BLVD., SUITE 332  
NORTH MIAMI, FL 33181

2. Principal Place of Business - No P.O. Box #  
12864 Biscayne Blvd.

Suite, Apt. #, etc  
Suite 332

City & State  
North Miami, Florida

Zip  
33181

Country  
USA

3. Mailing Address  
12864 Biscayne Blvd.

Suite, Apt. #, etc  
Suite 332

City & State  
North Miami, Florida

Zip  
33181

Country  
USA

07242008 REIN-LLC

CR2E101 (1/07)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

OWENS, ROBERT  
12864 BISCAYNE BLVD., SUITE 332  
NORTH MIAMI, FL 33181

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Robert Owens

DATE

9-24-08

**FILE NOW!!! FEE IS \$277.50**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
OWENS, ROBERT  
12864 BISCAYNE BLVD., SUITE 332  
NORTH MIAMI, FL 33181 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
500136815105  
10/10/08--01036--004 \*\*277.50 ☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Robert Owens, Member

Date

9-24-08

305-899-8465

Daytime Phone #

**REINSTATEMENT**

2007-08

FILED  
OCT 15 PM 1:11  
TALLAHASSEE, FL  
SECRETARY OF STATE

