

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000094752

1. Entity Name  
FIDELITY LENDING GROUP LLC



SECRET  
DIVISION

07 NOV -6 AM 11:14

Principal Place of Business  
11660 OXFORD CREST LANE  
JACKSONVILLE, FL 32258

Mailing Address  
11660 OXFORD CREST LANE  
JACKSONVILLE, FL 32258

2. Principal Place of Business - No P.O. Box #  
7545 Centurian Parkway  
Suite, Apt. #, etc.  
303

3. Mailing Address  
11660 Oxford Crest Ln  
Suite, Apt. #, etc.

City & State  
Jacksonville FL  
Zip  
32256 Country

City & State  
Jacksonville FL  
Zip  
32258 Country

10082007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-5608776  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

ALSUP, KEVIN O  
11660 OXFORD CREST LN  
JACKSONVILLE, FL 32258

7. Name and Address of New Registered Agent

Name  
Stone, George

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

507 A1A North

City Ponte Vedra FL Zip Code 32082

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)

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2008, Fee will be \$100.00

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  
MGR  
ALSUP, KEVIN O  
11660 OXFORD CREST LN  
JACKSONVILLE, FL 32258 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Stone George  
507 A1A North  
Ponte Vedra FL. 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
08/16/07-90080-013-\$50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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

10-29-07

Date

904-993-1807

Daytime Phone #