

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000099749

Entity Name: REVERSE DIRECT LLC

FILED
Oct 05, 2009
Secretary of State

Current Principal Place of Business:

15120 COUNTY LINE RD
102
SPRING HILL, FL 34610

New Principal Place of Business:

542 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547

Current Mailing Address:

15120 COUNTY LINE RD
102
SPRING HILL, FL 34610

New Mailing Address:

542 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547

FEI Number: 20-5696738 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:

BOSWELL, JIM C
542 EGLIN PARKWAY N/E
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

BOSWELL, JIM C
542 EGLIN PARKWAY NE
FORT WALTON BEACH, FL 32547 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: JIM BOSWELL

10/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DEWEEND, HENRY
Address: 15120 COUNTY LINE RD
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: COCKRAN, HAROLD
Address: 15120 COUNTY LINE RD
City-St-Zip: SPRING HILL, FL 34610

Title: MGRM () Delete
Name: BOSWELL, STEVE C
Address: 542 EGLIN PARKWAY N/E
City-St-Zip: FORT LAUDERDALE, FL 32547

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUNHA, TAMMY
Address: 542 EGLIN PARKWAY NE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM (X) Change () Addition
Name: BOSWELL, JIM C
Address: 542 EGLIN PARKWAY NE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM (X) Change () Addition
Name: BOSWELL, STEVE C
Address: 542 EGLIN PARKWAY N/E
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JIM BOSWELL

MGRM

10/05/2009

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