

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000017833

FILED
Nov 06, 2009
Secretary of State

Entity Name: ARGOSY PREMIUM FUNDING III, LLC

Current Principal Place of Business:

1515 N. FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432

New Principal Place of Business:

1001 AVENIDA PICO
SUITE
SAN CLEMENTE, CA 92673

Current Mailing Address:

1001 AVENIDA PICO
SUITE C
SAN CLEMENTE, CA 92673

New Mailing Address:

1001 AVENIDA PICO
SUITE
SAN CLEMENTE, CA 92673

FEI Number: 20-8485960 **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:

BAXTER, JEFFREY L
15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

BAXTER, JEFFREY L
95 MERRICK PKWY
SUITE 210
CORAL GABLES, FL 33014 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: JEFFREY BAXTER

11/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALMORE, DAVID
Address: 1001 AVENIDA PICO
City-St-Zip: SAN CLEMENTE, CA 92673

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARGO PARTNERS, LLC
Address: 1001 AVENIDA PICO
City-St-Zip: SAN CLEMENTE, CA 92673

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 PALMORE

MRMR

11/06/2009

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