

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000034438

FILED
May 19, 2009
Secretary of State

Entity Name: RELIANCY FINANCIAL GROUP, LLC

Current Principal Place of Business:

8750 PISA DRIVE
313
ORLANDO, FL 32810

New Principal Place of Business:

800 N PINE HILLS ROAD
BUILDING K, SUITE 103
ORLANDO, FL 32808

Current Mailing Address:

8750 PISA DRIVE
313
ORLANDO, FL 32810

New Mailing Address:

800 N PINE HILLS ROAD
BUILDING K, SUITE 103
ORLANDO, FL 32808

FEI Number: 20-8683496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL, EVENS
8750 PISA DRIVE
313
ORLANDO, FL 32810 US

Name and Address of New Registered Agent:

MICHEL, EVENS
719 E. MAGNOLIA STREET
APOPKA, FL 32703 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: EM

05/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EVENS MICHEL,
Address: 8750 PISA DRIVE, 313
City-St-Zip: ORLANDO, FL 32810 US

Title: MGRM () Delete
Name: MICHEL, DUFRESNE
Address: 2442 TURNBERRY DRIVE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Delete
Name: MICHEL, YONEL
Address: 3706 WINDY MEADOW DRIVE
City-St-Zip: TAVARES, FL 32778 US

Title: MGRM () Delete
Name: GASTON, JEAN M
Address: 5324 PINTO WAY
City-St-Zip: ORLANDO, FL 32810 US

Title: MGRM () Delete
Name: GUERRELUS, ELANGE
Address: 16470 CEDAR RUN DRIVE
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MICHEL, EVENS
Address: 719 E. MAGNOLIA STREET
City-St-Zip: APOPKA, FL 32808 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EVENS MICHEL

MGRM

05/19/2009

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