2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 30, 2008
Secretary of State

DOCUMENT# L07000039469

Entity Name: BANCARD FINANCIAL SERVICES LLC

Current Principal Place of Business:

7850 NW 146 ST.
SUITE 425
MIAMI LAKES, FL 33016

New Principal Place of Business:

40 WALL STREET
SUITE 2810
NEW YORK, NY 10005

Current Mailing Address:

7850 NW 146 ST.
SUITE 425
MIAMI LAKES, FL 33016

New Mailing Address:

40 WALL STREET
SUITE 2810
NEW YORK, NY 10005

FEI Number: 20-8833095 **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:

MOLINA, ANIBANGEL
7850 NW 146 ST.
SUITE 425
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

MOLINA, ANIBANGEL
10947 NW 79 ST.
SUITE 425
MIAMI, FL 33178 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: ANIBANGEL MOLINA 09/30/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: MOLINA, ANIBANGEL
Address: 7850 NW 146 ST. SUITE 425
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: MOLINA, ANIBANGEL
Address: 10947 NW 79 ST SUITE 425
City-St-Zip: MIAMI, FL 33178

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: ANIBANGEL MOLINA PRES 09/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date