

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000049889

Entity Name: GCD LENDING, LLC

FILED
Oct 04, 2008
Secretary of State

Current Principal Place of Business:

1202 S.E. 8TH PLACE
CAPE CORAL, FL 33990

New Principal Place of Business:

1202 S.E. 8TH PLACE
A
CAPE CORAL, FL 33990

Current Mailing Address:

1202 S.E. 8TH PLACE
CAPE CORAL, FL 33990

New Mailing Address:

1202 S.E. 8TH PLACE
A
CAPE CORAL, FL 33990

FEI Number: 26-0181561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
ATTN: DONNA M. FLAMMANG, ESQ.
2320 FIRST STREET, STE 1000
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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: DONNA M. FLAMMANG, ESQ.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RABEIRO, ADRIAN
Address: 1202 S.E. 8TH PLACE
City-St-Zip: CAPE CORAL, FL 33990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CUMMINGS, BRYON S MGRM
Address: 1202 S.E. 8TH PLACE SUITE A
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Change (X) Addition
Name: CUMMINGS, LESLIE Y MGRM
Address: 1202 S.E. 8TH PLACE SUITE A
City-St-Zip: CAPE CORAL, FL 33990

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: BRYON CUMMINGS

MGRM

10/04/2008

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