2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jun 05, 2009
Secretary of State

DOCUMENT# L07000056386

Entity Name: PREMIER CREDIT SOLUTIONS, LLC

Current Principal Place of Business:

825 E. COWBOY WAY
SUITE 110
LABELLE, FL 33935 US

New Principal Place of Business:

6041 KEYSTONE CIRCLE
LABELLE, FL 33935 US

Current Mailing Address:

825 E. COWBOY WAY
SUITE 110
LABELLE, FL 33935 US

New Mailing Address:

6041 KEYSTONE CIRCLE
LABELLE, FL 33935 US

FEI Number: 93-1335351 **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:

MCKINNEY, LANCE M ESQUIRE
3783 SEAGO LANE
FORT MYERS, FL 33948 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: KELLY BARNES

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BARNES, KELLY J
Address: 825 E. COWBOY WAY, SUITE 110
City-St-Zip: LABELLE, FL 33935 US

Title: MGR ( ) Delete
Name: MORGAN, LINDA
Address: 2234 OXFORD RIDGE CIRCLE
City-St-Zip: LEHIGH ACRES, FL 33971 US

ADDITIONS/CHANGES:

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: KELLY BARNES MGRM 06/05/2009

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