2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 04, 2008
Secretary of State

DOCUMENT# L07000085227

Entity Name: COLPER CREDIT SOLUTIONS, LLC

Current Principal Place of Business:

5700 SW 127 AVE
1118
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

5700 SW 127 AVE
1118
MIAMI, FL 33183

New Mailing Address:

FEI Number: 26-3813597 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

POMAR, HECTOR
5700 SW 127 AVE
1118
MIAMI, FL 33183 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: HECOTR POMAR

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: POMAR, HECTOR
Address: 5700 SW 127 AVE APT# 1118
City-St-Zip: MIAMI, FL 33183

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: POMAR, HECTOR
Address: 5700 SW 127 AVE STE # 1118
City-St-Zip: MIAMI, FL 33183

Title: MGR ( ) Change (X) Addition
Name: POMAR, LUZ ADRIANA
Address: 5700 SW 127 AVE STE # 1118
City-St-Zip: MIAMI, FL 33183

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: HECTOR POMAR MGRM 12/04/2008

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