## 2008 LIMITED LIABILITY COMPANY

## Apr 02, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L07000096389** 04-02-2008 90150 050 \*\*\*143.75 1. Entity Name BUTLER, ROBBINS & WHITE, LLC. Principal Place of Business Mailing Address 60018911 5701 N. PINE ISLAND ROAD 5701 N. PINE ISLAND ROAD 360 360 TAMARAC, FL 33321 TAMARAC, FL 33321 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 26-110764 Not Applicable Ζip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLUGE, ROBIN D Street Address (P.O. Box Number is Not Acceptable) 5701 N. PINE ISLAND ROAD 360 TAMARAC, FL. 33321 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGRM ☐ Detete TITLE ☐ Change TIFLE ☐ Addition FINANCIAL CREDIT CLEARING HOUSE-1956, INC. NAME NAME STREET ADDRESS 5701 N. PINE ISLAND ROAD STREET ADDRESS CITY-ST-ZIP TAMARAC, FL 33321 CITY-ST-ZIP TITLE MGR ☐ De!ete TITLE ☐ Change ☐ Addition KLUGE, ROBIN D NAME NAME STREET ADDRESS 5701 N. PINE ISLAND ROAD STREET ADDRESS TAMARAC, FL 33321 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-71P

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 goeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SANDRA HICKOX

FILED

## ATTACHMENT

#LOT Power of Attorney

NOTICE IS HEREBY GIVEN THAT BUTLER, ROBBINS & WHITE LLC. ("Entity") an entity organized under the laws of Florida, its owner, Robin Kluge appoints Sandra Hickox as attorney-in-fact for the Entity to act on their behalf.

Personally, the owner has taken all necessary steps to authorize the changes, and hereby grant Sandra Hickox the power to execute the documents necessary to obtain and/or renew registrations, licensure and bonds for debt collection purposes, and complete forms of similar import on behalf of the Entity and personally on behalf of its owners.

This Power of Attorney expires on December 31, 2008.

IN\_WITNESS WHEREOF, the undersigned has executed this Power of Attorney on the  $19^{\rm th}$  day of February, 2008.

Kolm Bluge
ire of Authorized Edity Representative Robin Kluse Acsident
Print Name and Title Managing Maenber

Sworn to and subscribed before me This 19th day of February, 2008.

Notary Public, State of Florida Commission expires: 3221

> JESSICA CONDON Notary Public - State of Florida lly Commission Expires Mar 22, 2011 Commission # DD 654411 Bonded Through National Notary Ass