2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# L07000097684

Entity Name: ALL FAMILY FINANCIAL GROUP, LLC

Current Principal Place of Business:

6512 US HWY 27 N
SEBRING, FL 33870 US

New Principal Place of Business:

Current Mailing Address:

6512 US HWY 27 N
SEBRING, FL 33870 US

New Mailing Address:

FEI Number: 26-1770210 **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:

GILLILIAN, CARL A
6512 US HWY 27 N
SEBRING, FL 33870 US

Name and Address of New Registered Agent:

GILLILAN, CARL A
6512 US HWY 27 N
SEBRING, FL 33870 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: CARL A GILLILAN 01/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GILLILIAN, CARL A
Address: 6512 US HWY 27 N
City-St-Zip: SEBRING, FL 33870

Title: MGR ( ) Delete
Name: DUNN, SARA F
Address: 6512 US HWY 27 N
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GILLILAN, CARL A
Address: 6512 US HWY 27 N
City-St-Zip: SEBRING, FL 33870

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: CARL A GILLILAN MGR 01/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date