

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000115482

**FILED**  
**Dec 01, 2008**  
**Secretary of State**

**Entity Name:** PEDRAM'S AUTO CREDIT FINANCE LLC

**Current Principal Place of Business:**

519 NW 1ST ST  
GAINESVILLE, 32601

**New Principal Place of Business:**

519 NW 1ST ST  
GAINESVILLE, FL 32601 US

**Current Mailing Address:**

2811 SW ARCHER RD  
APT K100  
GAINESVILLE, FL 32608

**New Mailing Address:**

2811 SW ARCHER RD  
APT K100  
GAINESVILLE, FL 32608 US

**FEI Number:** **FEI Number Applied For (X)** **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:**

MOMEN SAFAI, PAYMAN  
519 NW 1ST ST  
GAINESVILLE, FL 32601 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: PAYMAN M SAFAIE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOMEN SAFAI, PAYMAN  
Address: 2811 SW ARCHER RD APT K100  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES:**

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: PAYMAN M SAFAIE

MGR

12/01/2008

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