

**2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 31, 2008  
Secretary of State**

DOCUMENT# L08000000103

Entity Name: F.E.I. LOSS MITIGATION SERVICES, L.L.C.

**Current Principal Place of Business:**

1631 ROCK SPRINGS RD  
# 111  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

1631 ROCK SPRINGS RD  
# 111  
APOPKA, FL 32712

**New Mailing Address:**

FEI Number: 74-3248566      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:**

**Name and Address of New Registered Agent:**

FREDA, MATTHEW C  
1631 ROCK SPRINGS RD  
# 111  
APOPKA, FL 32712 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: MATTHEW C. FREDA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: FREDA, MATTHEW C  
Address: 1631 ROCK SPRINGS RD., #111  
City-St-Zip: APOPKA, FL 32712

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: FREDA, JENNIFER A  
Address: 1631 ROCK SPRINGS RD., #111  
City-St-Zip: APOPKA, FL 32712

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: MATTHEW C. FREDA

MR

10/31/2008

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