2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 08, 2009
Secretary of State

DOCUMENT# L08000016501

Entity Name: FORECLOSURE REMEDIES OF TAMPA BAY, LLC

Current Principal Place of Business:

5901 US HWY 19 NORTH, SUITE 8
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

5609 US HWY 19 NORTH, SUITE J
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5901 US HWY 19 NORTH, SUITE 8
NEW PORT RICHEY, FL 34652

New Mailing Address:

5609 US HWY 19 NORTH, SUITE J
NEW PORT RICHEY, FL 34652

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

PEREZ, MIGUEL
5901 US HWY 19 NORTH, SUITE 8
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

PEREZ, MIGUEL
5609 US HWY 19 NORTH, SUITE J
NEW PORT RICHEY, FL 34652 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: MIGUEL PEREZ 10/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PEREZ, MIGUEL
Address: 5901 US HWY 19 NORTH, SUITE 8
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PEREZ, MIGUEL
Address: 5609 US HWY 19 NORTH, SUITE J
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MIGUEL PEREZ MGRM 10/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date