

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000038458

FILED
Oct 29, 2009
Secretary of State

Entity Name: FIRST CONTINENTAL SOLUTION, LLC

Current Principal Place of Business:

8615 COMMODITY CIRCLE
STE 5
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8615 COMMODITY CIRCLE
STE 5
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 26-2424429 **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:

MATOS, RAFAEL
2860 MAGNOLIA BLOSSOM CIRCLE
CLERMONT, FL 34711 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: RAFAEL MATOS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: MATOS, RAFAEL
Address: 2860 MAGNOLIA BLOSSOM CIRCLE
City-St-Zip: CLERMONT, FL 34711 US

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SOSA, INGRID
Address: 2860 MAGNOLIA BLOSSOM CIR
City-St-Zip: CLERMONT, FL 34711 US

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: RAFAEL MATOS

MGRM

10/29/2009

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