

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000056383

FILED
Oct 27, 2009
Secretary of State

Entity Name: FIRST TRUST MORTGAGE CONSULTANTS, LLC

Current Principal Place of Business:

7092 BERACASA WAY
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

7092 BERACASA WAY
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0646279 **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:

GOLDBERG, IRA
4752 NW 26TH WAY
BOCA RATON, FL 33434 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: IRA GOLDBERG

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: ALPERT, SCOTT
Address: 6486 NW 72ND PL
City-St-Zip: PARKLAND, FL 33067

Title: MGRM () Delete
Name: ROBINSON, ALLEN
Address: 800 BUTTERUT TERRACE
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM () Delete
Name: GOLDBERG, IRA
Address: 4752 NW 26TH WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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

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

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: ALLEN ROBINSON

MGRM

10/27/2009

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