2009 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 09, 2009
Secretary of State

DOCUMENT# L08000115680

Entity Name: DEBT SOLUTIONS OF NORTH AMERICA, LLC

Current Principal Place of Business:

6721 YELLOWSTONE LANE
PARKLAND, FL 33067

New Principal Place of Business:

2600 NORTH FEDERAL
LIGHTHOUSE POINT, FL 33064

Current Mailing Address:

6721 YELLOWSTONE LANE
PARKLAND, FL 33067

New Mailing Address:

2600 NORTH FEDERAL
LIGHTHOUSE POINT, FL 33064

FEI Number: 26-3909852 **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:

SEAMAN, RICHARD
6721 YELLOWSTONE LANE
PARKLAND, FL 33067 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: RICHARD SEAMAN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SEAMAN, RICHARD
Address: 6721 YELLOWSTONE LANE
City-St-Zip: PARKLAND, FL 33067

Title: MGR (X) Delete
Name: BOGAR, STEVEN
Address: 6721 YELLOWSTONE LANE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES:

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: RICHARD SEAMAN PRES 10/09/2009

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