

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000117015

FILED
Dec 03, 2009
Secretary of State

Entity Name: BLACKHAWK ASSET RECOVERY, LLC

Current Principal Place of Business:

2840 FIREHOUSE RD
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

2840 FIREHOUSE RD
DELAND, FL 32720

New Mailing Address:

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:

Name and Address of New Registered Agent:

PETERS, DARREN O SR
2840 FIREHOUSE ROAD
DELAND, FL 32720 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: DARREN MONTGOMERY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETERS, DARREN O
Address: 2840 FIREHOUSE RD
City-St-Zip: DELAND, FL 32720

Title: MGR () Delete
Name: MONTGOMERY, DARREN J
Address: 1854 W. CHAPEL DR
City-St-Zip: DELTONA, FL 32738

Title: MGR () Delete
Name: PETERS, KIMBERLY D
Address: 2041 CROWLEY CIR W
City-St-Zip: LONGWOOD, FL 32779

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: DARREN MONTGOMERY

MGR

12/03/2009

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