

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000025745

**FILED**  
**Oct 17, 2011**  
**Secretary of State**

**Entity Name:** CREDIT MRI LLC

**Current Principal Place of Business:**

701 S HOWARD AVE STE 106-399  
TAMPA, FL 33606

**New Principal Place of Business:**

1342 COLONIAL BLVD  
H-58  
FORT MYERS, FL 33907

**Current Mailing Address:**

701 S HOWARD AVE STE 106-399  
TAMPA, FL 33606

**New Mailing Address:**

701 S HOWARD AVE  
STE 106-399  
TAMPA, FL 33606

**FEI Number:** 27-2085943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYES, BARRY  
701 S HOWARD AVE STE 106-399  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

LASKERO, STEPHEN ESQ.  
1342 COLONIAL BLVD  
H-58  
FORT MYERS, FL 33907 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: STEPHEN LASKERO

10/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REYES, BARRY  
Address: 1342 COLONIAL BLVD H-58  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM  
Name: VOLI, TOM  
Address: 1342 COLONIAL BLVD H-58  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM  
Name: STEPHEN, LASKERO ESQ  
Address: 1342 COLONIAL BLVD H-58  
City-St-Zip: FORT MYERS, FL 33907

I hereby 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: BARRY REYES

MGRM

10/17/2011

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