

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L12000150770

**Entity Name:** WHITE HORSE FINANCIAL, LLC

**FILED**  
**Oct 08, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

1048 GOODLETTE ROAD NORTH  
SUITE 201  
NAPLES, FL 34102

**New Principal Place of Business:**

1250 TAMIAMI TR. N.  
SUITE 101  
NAPLES, FL 34102

**Current Mailing Address:**

P.O. BOX 10608  
NAPLES, FL 34101

**New Mailing Address:**

**FEI Number:** 46-1494637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOODWARD, MARK J  
3200 TAMIAMI TRAIL NORTH  
SUITE 200  
NAPLES, FL 34103 US

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

OLSON, CLIFFORD A  
1250 TAMIAMI TR. N.  
SUITE 101  
NAPLES, FL 34102 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: CLIFFORD A. OLSON

10/08/2013

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OLSON, CLIFFORD  
Address: 1250 TAMIAMI TR. N., SUITE 101  
City-St-Zip: NAPLES, FL 34102 US

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: CLIFFORD A. OLSON

MGRM

10/08/2013

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