

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M03000003498

**FILED**  
**May 22, 2009**  
**Secretary of State**

**Entity Name:** RESIDENTIAL FACILITATORS, LLC

**Current Principal Place of Business:**

345 ROUSER ROAD, BLDG. NO. 5  
CORAOPOLIS, PA 15108

**New Principal Place of Business:**

**Current Mailing Address:**

345 ROUSER ROAD, BLDG. NO. 5  
CORAOPOLIS, PA 15108

**New Mailing Address:**

601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204

**FEI Number:** 57-1178073      **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:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MADONNA CUDDIHY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** AZUR, FRANCIS H  
**Address:** 345 ROUSER ROAD  
**City-St-Zip:** CORAPOLIS, PA 15108

**Title:** MGR      (X) Delete  
**Name:** AZUR, CHRISTOPHER F  
**Address:** 345 ROUSER ROAD  
**City-St-Zip:** CORAPOLIS, PA 15108

**ADDITIONS/CHANGES:**

**Title:** MGR      (X) Change ( ) Addition  
**Name:** ATM CONSULTING SERVICES, LLC  
**Address:** 601 RIVERSIDE AVE  
**City-St-Zip:** JACKSONVILLE, FL 32204

**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:** MICHAEL L. GRAVELLE

MGR

05/22/2009

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