

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000001924

Entity Name: QUICK SOLUTION MORTGAGE, LLC

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

319 POCASSET AVENUE
PROVIDENCE, RI 02909

New Principal Place of Business:

2 NORWICH DR
JOHNSTON, RI 02919

Current Mailing Address:

319 POCASSET AVENUE
PROVIDENCE, RI 02909

New Mailing Address:

2 NORWICH DR
JOHNSTON, RI 02919

FEI Number: 13-4208509 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:

CORP DIRECT AGENTS INC
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

VICTOR PEREZ
400 NW SHEFFIELD CI
PORT SAINT LUCIE, FL 34983 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: VICTOR PEREZ

05/09/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: DE LA ROSA, JOSE DE
Address: 2 NORWICH DRIVE
City-St-Zip: JOHNSTON, RI 02919

Title: P () Delete
Name: DE LA ROSA, KEILA
Address: 2 NORWICH DRIVE
City-St-Zip: JOHNSTON, RI 02919

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AGEN () Change (X) Addition
Name: PEREZ, VICTOR AGENT
Address: 400 NW SHEFFIELD DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: KEILA DE LA ROSA

PTE

05/09/2007

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