

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000000575

FILED
Oct 05, 2006
Secretary of State

Entity Name: JK HARRIS FINANCIAL RECOVERY SYSTEM, LLC

Current Principal Place of Business:

4995 LACROSS RD SUITE 1800
CHARLESTON, SC 29406

New Principal Place of Business:

Current Mailing Address:

4995 LACROSS RD SUITE 1800
CHARLESTON, SC 29406

New Mailing Address:

4995 LACROSS RD SUITE
SUITE 1800
CHARLESTON, SC 29406

FEI Number: 81-0571742 **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: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARRIS, JOHN K
Address: 4995 LACROSS RD SUITE 1800
City-St-Zip: CHARLESTON, SC 29406

Title: MGRM () Delete
Name: HARRIS, CHARLES R JR.
Address: 4995 LACROSS RD SUITE 1800
City-St-Zip: CHARLESTON, SC 29406

ADDITIONS/CHANGES:

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 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: JOHN K. HARRIS

MGMR

10/05/2006

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