2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 JUN 12 PM 2:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M06000000033

1. Entity Name
FORD MOTOR VEHICLE ASSURANCE COMPANY, LLC

Principal Place of Business	Mailing Address
ONE AMERICAN ROAD DEARBORN, MI 48126	ONE AMERICAN ROAD DEARBORN, MI 48126

04282008 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	WHQ ROOM 615-A5
Suite, Apt. #, etc.	Suite, Apt. #, etc. ONE AMERICAN ROAD
City & State	City & State DEARBORN MI
Zip / Country	Zip 48126 / Country

4. FEI Number
38-3419908 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Claudia L Saari Claudia L. Saari Asst Secretary 5/19/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must sign) DATE

FILE NOW!!! FEE IS $277.50

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BARRY, PAUL C 16800 EXECUTIVE PLAZA DRIVE DEARBORN, MI 48126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CURTIS YUN 2121 NE HIGHWAY 69 CLAYCOMO, MO 64119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KNECHT, BOB 16800 EXECUTIVE PLAZA DRIVE DEARBORN, MI 48126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DONNA INCH 16800 EXECUTIVE PL. DR DEARBORN, MI 48126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LINKER, GEORGE W ONE AMERICAN ROAD DEARBORN, MI 48126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR KARIM TOUAMI 16800 EXECUTIVE PL. DR. DEARBORN, MI 48126	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR INCH, DONNA M 16800 EXECUTIVE PLAZA DRIVE DEARBORN, MI 48126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300130427723 05/29/08--01022--001 **277.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SHERRY, PETER J JR. ONE AMERICAN ROAD DEARBORN, MI 48126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SIGWORTH, CRAIG L ONE AMERICAN ROAD DEARBORN, MI 48126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 07,08	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Bradley M. Gayton 5/20/2008 313-845-5712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BRADLEY GAYTON, ASSISTANT SECRETARY