

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Oct 08, 2007  
Secretary of State

DOCUMENT# L06000013986

Entity Name: FORECLOSURESDAILY.COM, LLC

**Current Principal Place of Business:**

8902 N. DALE MABRY HIGHWAY, STE. 117  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8902 N. DALE MABRY HIGHWAY, STE. 117  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

MCNAMARA, THOMAS P  
2909 BAY TO BAY BLVD., SUITE 309  
TAMPA, FL 33629 US

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

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 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: MARTIN A. TRABER, VICE PRESIDENT

10/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KANE, MICHAEL  
Address: 8902 N. DALE MABRY HIGHWAY, STE. 117  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: VANHOOSE, DAVID  
Address: 8902 N. DALE MABRY HIGHWAY, STE. 117  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: JOHNSON, DEBBIE  
Address: 8902 N. DALE MABRY HIGHWAY, STE. 117  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: CANTOR, NANCY  
Address: 8902 N. DALE MABRY HIGHWAY, STE. 117  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: PARISI, MICHAEL  
Address: 8902 N. DALE MABRY HIGHWAY, STE. 117  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

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

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

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

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 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 KANE

MGR

10/08/2007

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