

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025636

FILED
Apr 07, 2009
Secretary of State

Entity Name: UNITED LOSS MITIGATION, LLC

Current Principal Place of Business:

6245 POWERLINE ROAD
SUITE 202
FT. LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6245 POWERLINE ROAD
SUITE 202
FT. LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 71-0979477 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DISORBO, ALDO L
6245 POWERLINE ROAD
SUITE 202
FT. LAUDERDALE, FL 33309 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DISORBO, ALDO
Address: 6245 POWERLINE ROAD
City-St-Zip: FT. LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

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: ALDO DI SORBO

MGR

04/07/2009

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