

M 0 300000 3639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

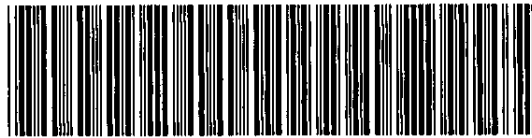
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 OCT - 7 AM 9: 55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

OCT - 8 2008

EXAMINER

**FLORIDA COMPLIANCE SPECIALISTS, INC.**



DAVE TAYLOR, PRESIDENT

2333 Hansen Lane, Suite 3  
 Tallahassee, Florida 32301  
 Voice: (850)942-5464 Fax: (850)942-5111  
 dave@floridacompliance.com  
 www.floridacompliance.com

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 TALLAHASSEE, FLORIDA  
 COUNTY OF STATE

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Specialized Loan Services LLC (Corporation Name)      M 03000003039 (Document #)
2. \_\_\_\_\_ (Corporation Name)      \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name)      \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name)      \_\_\_\_\_ (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment *+0 Foreign LLC*
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Specialized Loan Servicing LLC

2. This entity was formed under the laws of: Delaware

3. This entity was authorized to transact business in Florida on 10/31/2003  
and its Florida document/registration number is M03000003639

4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

DELETE - WINTER, RICHARD D

45 Rockefeller Plaza # 420  
New York New York 10111

MGRM

DELETE - TARTAGLIA, JOHN A

45 Rockefeller Plaza # 420  
New York, New York 10111

MGRM

DELETE - DOYLE, PATRICK K

ONE Embarcadero Center, # 1530  
San Francisco, CA 94111

Required Signature: \_\_\_\_\_

(Signature of Manager, Managing Member or Member)

Filing Fee: \$25 - DEPT OF STATE

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