2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M9900000029 1. Entity Name RLI MORTGAGE SERVICES, LLC					FILED				
					00 FEB	00 FEB -3 PM 4: 14			
Principal Place of Business Mailing Address 9025 N. LINDBERGH DRIVE 9025 N. LINDBERGH DRI' PEORIA IL 61615 PEORIA IL 61615-1431			E		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
PEUNIA IL DIO	513	PEORIA IL 01013-1401)	i Bakin Agini Adiki Adiki A	1 111 11 111 11 111 11	18 18 18 11 1 8 8 1	
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	6	City & State			4. FEI Number 37-1377059 Applied For Not Applicable				
Zip - Country		Zip Country		5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
Name									
FARKAS, LEE 101 NE 2ND STREET				Street Address (P.O. Box Number is Not Acceptable)					
OCALA FL 34471									
				City FL Zip Code					
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or reg	tered agent, or both, in the Sta	te of Florida.			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature red	red when reinstating)	DATE			
	Comment Court of the	FILE No Make Check Pa		FEE IS \$50. o Departmer					
9.	MANAGING MEMB		10.			ITIONS/CHANGES			
TITLE MAME STREET ADDRESS GITY-ST-ZIP	MGR Deletts CROWLEY, DANIEL 101 S.E. SECOND STREET OCALA FL 34470			500031244556 ET ADDRESS02/04/0001831004 ******50.00 ******50.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, SHERRY 101 S.E. SECOND STREET OCALA FL 34470						Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR Delecte TITL TAYLOR, BEAN & WHITAKER MORTGAGE CORP. 101 S.E. SECOND STREET STR						☐ Change	Addition	
TITLE NAME STREET ACCRESS CITY- 8T-ZIP	MGR Deleta T MICHAEL, JONATHAN E 9025 N. LINDBERGH DRIVE						Change	Addition	
TITLE MARKE SYREET ADDRESS CITY-ST-ZIP	MGR STONE, MICHAEL 9025 N. LINDBERGH DRIVE PEORIA IL 61615	Delete		1			Change	Addition	
TITLE MAME STATEST ADDRESS CITY-ST-ZIP	MGR SANDOZ, DAVID C 9025 N. LINDBERGH DRIVE PEORIA IL 61615	C. Delete	TITLI Nam Stri	E			☐ Change	Addition	
indicated	pertify that the information supplied with on this report is true and accurate and billity company or the receiver or truste	I that my signature shall have	the same	e legal effect as	f made under oath; that I am a	atutes. I further cer a managing membe	tify that the in er or manager	formation of the	