

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000092381

**Entity Name:** US REO PARTNERS, INC.

**Current Principal Place of Business:**

4980 NORTH PINE ISLAND RD  
SUNRISE, FL 33351

**Current Mailing Address:**

4980 NORTH PINE ISLAND RD  
SUNRISE, FL 33351

**FEI Number:** 90-0633203

**Certificate of Status Desired:** No

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

TYLER A. GOLD, P.A.  
1250 S. PINE ISLAND RD  
450  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CAPELL, TROY  
Address        3262 E THOUSAND OAKS BLVD  
                  SUITE 210  
City-State-Zip: WESTLAKE VILLAGE CA 91362

Title            VP  
Name            MODICA, STEVEN  
Address        4980 NORTH PINE ISLAND RD  
City-State-Zip: SUNRISE FL 33351

Title            CFO  
Name            LARSEN, SCOTT  
Address        3755 WASHINGTON BLVD  
                  5  
City-State-Zip: OGDEN UT 84403

Title            SECRETARY  
Name            DAVIS, CATHY  
Address        1436 TRIAD CENTER DR.  
City-State-Zip: ST. PETERS MO 63376

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT LARSEN

CFO

07/23/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date