

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000001250

**FILED**  
**Mar 27, 2019**  
**Secretary of State**  
**2670619073CC**

**Entity Name:** MORTGAGE LENDERS OF AMERICA, L.L.C.

**Current Principal Place of Business:**

10975 EL MONTE STREET  
OVERLAND PARK, KS 66211

**Current Mailing Address:**

10975 EL MONTE STREET  
OVERLAND PARK, KS 66211 US

**FEI Number:** 48-1236121

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
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

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           OWENS, BRADLEY D  
Address        10975 EL MONTE STREET  
City-State-Zip: OVERLAND PARK KS 66211

Title           MANAGER  
Name           ROCK, JENNIFER  
Address        10975 EL MONTE STREET  
City-State-Zip: OVERLAND PARK KS 66211

Title           MANAGER  
Name           LANTZ, ERIN  
Address        10975 EL MONTE STREET  
City-State-Zip: OVERLAND PARK KS 66211

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRADLEY D OWENS

**MANAGER**

**03/27/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date