# 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: MICHAEL WRIGHT

TAMPA FL 33610

Electronic Signature of Signing Authorized Person(s) Detail

# 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0700002416

# Entity Name: CARRINGTON MORTGAGE SERVICES, LLC

### **Current Principal Place of Business:**

2204 E IDA STREET TAMPA, FL 33610

#### **Current Mailing Address:**

2204 E IDA STREET STE 200-A & STE 110 TAMPA, FL 33610 US

# FEI Number: 20-8745846

# Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

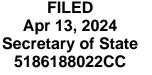
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

City-State-Zip:

Date Electronic Signature of Registered Agent Authorized Person(s) Detail : AUTHORIZED MEMBER CSO Title Title Name CARRINGTON HOLDING COMPANY, Name FULCO, DARREN IIC Address 1600 S. DOUGLASS RD., STE 200-A & Address 1700 E PUTNAM AVE, 5TH FL 110 City-State-Zip: OLD GREENWICH CT 06870 City-State-Zip: ANAHEIM CA 92806 Title MANAGER Name KNIGHT, ERNEST Address 2204 E IDA STREET

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



Certificate of Status Desired: No

SECRETARY

04/13/2024