# 2024  FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000004251

**Entity Name:** PLUS RELOCATION MORTGAGE, LLC

**Current Principal  Place of Business:**

600 U.S. HIGHWAY 169 SOUTH
 SUITE 550
ST. LOUIS PARK,  MN  55426

**Current Mailing Address:**

600 U.S. HIGHWAY 169 SOUTH
 SUITE 550
ST. LOUIS PARK,  MN  55426  US

**FEI Number: 37-1847422**

**Certificate of Status Desired:**  No

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

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL  32301  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 | | Title | MANAGER |
| Name | VANDEN HOUTEN, RANDALL | | Name | LEE, LLOYD |
| Address | 1245 CHEYENNE AVENUE SUITE 304B/304C | | Address | 600 U.S. HIGHWAY 169 SOUTH SUITE 550 |
| City-State-Zip: | GRAFTON  WI  53024 | | City-State-Zip: | ST. LOUIS PARK  MN  55426 |
| | | | | |
| Title | MANAGER | | Title | MEMBER |
| Name | BENEVIDES, JOE | | Name | PLUS RELOCATION SERVICES LLC |
| Address | 600 U.S. HIGHWAY 169 SOUTH SUITE 550 | | Address | 600 U.S. HIGHWAY 169 SOUTH SUITE 550 |
| City-State-Zip: | ST. LOUIS PARK  MN  55426 | | City-State-Zip: | ST. LOUIS PARK  MN  55426 |
| | | | | |
| Title | MANAGER | | Title | MEMBER |
| Name | SHELPMAN, KIMBERLY | | Name | NEWREZ VENTURES, LLC |
| Address | 1245 CHEYENNE AVENUE SUITE 304B/304C | | Address | 1245 CHEYENNE AVENUE SUITE 304B/304C |
| City-State-Zip: | GRAFTON  WI  53024 | | City-State-Zip: | GRAFTON  WI  53024 |

*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: RANDALL VANDEN HOUTEN          MANAGER          04/30/2024

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|---|---|
| Electronic Signature of Signing Authorized Person(s) Detail | Date |