

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000014816**

1. Entity Name

Greater Home Funding LLC

FILED

02 APR 18 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1105 Kensington Park Dr.

3. Mailing Address

555 Winderley Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#114

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs FL

City & State

Maitland, FL

4. FEI Number

52-2286586

Applied For

Not Applicable

Zip

Country

USA

Zip

32751

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mortgage Direct Ventures LLC

Street Address (P.O. Box Number is Not Acceptable)

555 Winderley Place #114

City

Maitland

FL

Zip Code

32751

**DO NOT WRITE
IN THIS SPACE**

8. 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

N/A

DATE

Signature typed or printed name of registered agent and title if applicable

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Mortgage Direct Ventures LLC 555 Winderley Place #114 Maitland, FL 32751	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400005328144--E -04/24/02--01008--010 *****50.00 *****50.00
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE

TAM L KELLEY

TAM L KELLEY

4/4/02

4078752008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #