LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: JULIA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

							
DOCUMENT # L 01000006375					FILED		
1. Entity Name Heathrow Home Funding LLC				02	02 APR 18 AM 9: 38		
					SECRETARY OF STATE		
DO NOT WRITE IN THIS SPACE					AHASSEE, FLORIDA	-	
					,		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. \$\frac{\pmathrm{\text{Suite, Apt. #, etc.}}{\pmathrm{\text{Suite, Apt. #, etc.}}}\$					DO NOT WRITE IN THIS SPACE		
City & State City & State			<u> </u>	4. FEI	4. FEI Number Applied For		
Maitland, Fl 32751 - Zip			Country		2-2312435	Not Applicable	
3275					tificate of Status Desired	Fee Required	
Name Mortage					7. Name and Address of Current Registered Agent Lirect Ventures LLC		
					P.O. Box Number is Not Acceptable)		
					erley place	<u> 42 [] </u>	
•,			City 1	naitla	~0 1	EL 339975	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office	or registered agent,	or both, in the State of Florida.		
SIGNATURE	N A Signature, typed or printed name of registered agent ar	ord title if anniinable			DA	TF	
•	algibited, typed as princed ratio of regional agent at	1. 200	EE IS \$50.00			. ,	
		Make Check Paya	able to Depa JE BY MAY	 1. (2.1) (2.1) (2.1) (2.1) (2.1) 			
9. TITLE	MANAGING MEMBER	RS/MANAGERS	TITLE				
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Montgage Direct 555 Winderley Maitium	Ventures LLC Place #114 FL 32751	NAME STREET ADDRESS CITY-ST-ZIP	* <u>*</u>	900005328 -04/24/020	1008009	
TITLE			TITLE NAME		*****50.00	******	
NAME STREET ADDRESS CITY-ST-ZIP		•	STREET ADORESS CITY-ST-ZIP	;			
TITLE NAME			TITLE NAME				
STREET ADDRESS CITY-ST-ZIP		· ·	STREET ADDRESS		DO NOT WE	RITE	
TITLE NAME			TITLE NAME		IN THIS SPA	CE	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	;			
TITLE			TITLE				
NAME STREET ADDRESS		÷	NAME STREET ADDRESS	;			
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME			TITLE NAME				
STREET ADDRESS CITY+ST-ZIP			STREET ADORESS	i			
11. I hereby o	certify that the information supplied with	this filing does not qualify for the	he exemption s	Lated in Section 119.	07(3)(i), Florida Statutes. I further	certify that the information	
indicated	on this report is true and accurate and t	nat my signature shall have the	e same legal ef	rect as it made unde	ir oatn; triat i am a martaging me orida Stotutos	mper or manager or the	