

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90044 003 \*\*\*\*55.00

DOCUMENT # **L01000015154**

1. Entity Name

**KING CAPITAL MORTGAGE + LOAN, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2100 N.W. 21<sup>ST</sup> AVE.**

Suite, Apt. #, etc.

**SUITE 300**

City & State

**FT. LAUDERDALE, FL**

Zip

**33311**

Country

**BROWARD**

3. Mailing Address

**1602 YELLOW HEART WAY**

Suite, Apt. #, etc.

City & State

**HOLLYWOOD, FL**

Zip

**33019**

Country

**BROWARD**

**903974**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1135505**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$5.00 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**DALE KING**

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

**1602 YELLOW HEART WAY**

City

**HOLLYWOOD**

FL

Zip Code

**33019**

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

**Dale King**

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

**1/9/2002**  
DATE

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  
DALE KING  
1602 YELLOW HEART WAY  
HOLLYWOOD, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

**Dale King**

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

**1/9/2002 954-921-8055**

Date

Daytime Phone #

CR2E083B (12/01)