

Limited Liability Company
DOCUMENT # L01000018433

FILED

02 OCT 21 AM 9:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
MORTGAGENET USA, LLC

Principal Place of Business
449 BILLY HILL ROAD
PO BOX 1452 801 US 27 So, Suite #6
AVON PARK FL 33825

Mailing Address
449 BILLY HILL ROAD
PO BOX 1452 801 US 27 So, Suite #6
AVON PARK FL 33825



2. Principal Place of Business
801 US 27 So
Suite, Apt. #, etc.
Suite #6
City & State
Avon Park
Zip
33825
Country
USA

3. Mailing Address
Suite, Apt. #, etc.
Same
City & State
Same
Zip
Same
Country
Same

DO NOT WRITE IN THIS SPACE
10/21/2002
4. FEI Number
59-3752537
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
RICH, JOHN D JR.
449 BILLY HILL ROAD
AVON PARK FL 33825
2450 N. COCHRANE RD.
AVON PARK, FL 33825

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE John Rich; JOHN D. RICH JR. 10-9-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002
800008482288-3
-10/21/02--01080--018
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MANAGER	JOHN D. RICH JR.	2450 N. COCHRANE RD.	AVON PARK, FL 33825	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: John Rich; JOHN D. RICH JR. 10-9-02 863-452-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #