FILED
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Secretary of State

04-22-2002 90235 007 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021334

1. Entity Name

INTERLACHEN RESIDENTIAL MORTGAGE COMPANY, LLC

91000

96193 [redacted]

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 E. New England Ave	PO Box 1916
Suite, Apt. #, etc. 200	Suite, Apt. #, etc.
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789 Country USA	Zip 32790 Country USA

4. FEI Number 59-3624965 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name C. Baxter Bode

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

200 E. New England Ave #200

City Winter Park FL Zip Code 32789

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 ____________ 4/2/02

Signature, typed or printed name of registered agent and title if applicable. 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	Member C. Baxter Bode 1157 Tom Gurney Dr. Winter Park, FL 32790	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member Daniel N. Hopkins PO Box 1916 ~~Orlando, FL~~ Winter Park, FL 32790	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: ____________

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #