

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

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90017 013 \*\*\*\*50.00

**DOCUMENT #** L01000021552

**1. Entity Name**

FIRST MORTGAGE BANKERS, L.L.C.

**DO NOT WRITE IN THIS SPACE**

22417

**2. Principal Place of Business**

**3. Mailing Address**

3461 Bonita Bay Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#111

**City & State**

**City & State**

Bonita Springs FL

**4. FEI Number**

**Applied For**

**Not Applicable**

02-0531333

**Zip**

**Country**

**Zip**

**Country**

34134

USA (Lee County)

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Scott Spence

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

13250 Oak Hill Loop SE

**City**

Ft Myers

**FL**

**Zip Code**

33912

**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**

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**

President  
Scott Spence  
13250 Oak Hill Loop SE  
Ft Myers, FL 33912

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

Vice President  
Anthony Persichilli  
1375 Jackson St  
Ft Myers, FL 33901

**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**

**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**

Scott Spence

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

**Date**

**Daytime Phone #**

2-20-02 941-949-3990

CR2E083B (12/01)