

4/8/02

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

04-08-2002 90209 011 ****50.00

DOCUMENT # L01000022595

1. Entity Name

ALL FLORIDA MORTGAGE, L.L.C.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2345 Sand Lake Rd.

1. Mailing Address
2345 Sand Lake Rd.

Suite, Apt. #, etc.
Suite 120

Suite, Apt. #, etc.
Suite 120

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3727301

Applied For
Not Applicable

32809

Country
Orange

Zip
32809

Country
Orange

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

7. Name and Address of Current Registered Agent

Name
Ian J. Lylen

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

2345 Sand Lake Rd., Ste. 120

City Orlando

FL

Zip Code
32809

**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 date if applicable

4-1-02
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
Stephen D. Korshak
2345 Sand Lake Rd., Ste. 120
Orlando, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
R. Neil Beaulieu
2345 Sand Lake Rd., Ste. 120
Orlando, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Benedicto Santos
2345 Sand Lake Rd., Ste 120
Orlando, FL 32809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Michael L. Edelstein
2345 Sand Lake Rd., Ste. 120
Orlando, FL 32809

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:

Signature typed or printed name of signing managing member, manager, or authorized representative

Date

Daytime Phone #

CR2E083B (12/01)