

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90066 046 *****50.00

DOCUMENT # L02000003741

1. Entity Name
WELLS FARGO SERVICING SOLUTIONS, LLC



Principal Place of Business
**800 WALNUT STREET
DES MOINES, IA 50309-3636 US**

Mailing Address
**800 WALNUT STREET
DES MOINES, IA 50309-3636 US**

2. Principal Place of Business
3210 Lake Emma Rd., 2nd Flr.

Suite, Apt. #, etc.
MAC N2754-020

City & State
Lake Mary, FL

Zip
32746-3334

Country
USA

3. Mailing Address
6th & Marquette

Suite, Apt. #, etc.
MAC N9305-172, Attn:G. Hall

City & State
Minneapolis, MN

Zip
55479

Country
USA

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number
42-1557668

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**POTTER, RICHARD C
300 INTERNATIONAL PARKWAY, STE. 492
HEATHROW, FL 32746**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☒ Delete
NAME **ADAM, CHRISTOPHER J**
STREET ADDRESS **800 WALNUT STREET**
CITY-ST-ZIP **DES MOINES, IA 503093636**

TITLE **MGR** ☒ Delete
NAME **POETTING, GARY M**
STREET ADDRESS **800 WALNUT STREET**
CITY-ST-ZIP **DES MOINES, IA 503093636**

TITLE **MGR** ☒ Delete
NAME **KUNZ, FAYE L**
STREET ADDRESS **800 WALNUT STREET**
CITY-ST-ZIP **DES MOINES, IA 503093636**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **Mgr.** ☐ Change ☒ Addition
NAME **James Willoughby**
STREET ADDRESS **3210 Lake Emma Rd.**
CITY-ST-ZIP **Lake Mary, FL 32746-3334**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *Gary L. Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

#126/04 *612-667-2587*