

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

04-30-2003 90183 020 ****50.00

DOCUMENT # L02000004640

1. Entity Name

LN FUNDING, LLC



Principal Place of Business

**9801 LAKE NONA ROAD
ORLANDO FL 32827**

Mailing Address

**200 S. ORANGE AVENUE, SUITE 2300
ORLANDO FL 32801**

44004576

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2117458

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**HOCTOR, JAMES J
215 N. EOLA DRIVE
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

A.B.C. Co.

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

2200 SUBTRUST CENTER

200 SOUTH ORANGE AVENUE

City

ORLANDO

FL

Zip Code

32801

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 toll if applicable

Richard T. Fulton, VP

4/28/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MEM				
	LN GROUP, LLC				
	9801 LAKE NONA ROAD				
	ORLANDO FL 32827				
	P				
	TYLER DIERCY				
	9801 LAKE NONA ROAD				
	ORLANDO FL 32827				

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 REQUIRED

Jefferson R. Voss
(407)

MANAGING member

4.24.03

876-8800

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

Date

Daytime Phone #

CR2E083 (10/02)