## 2008 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

## Mar 17, 2008 8:00 am Secretary of State ANNUAL REPORT 03-17-2008 90264 020 \*\*\*138.75 **DOCUMENT # L02000005339** 1. Entity Name STATE MORTGAGE BANKERS, LLC 60015331 Principal Place of Business Mailing Address **6365 TAFT STREET 6365 TAFT STREET** 3006A 3006A HOLLYWOOD, FL 33024 HOLLYWOOD, FL 33024 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 0620 Briffin 10620 Briffin Road Suite, Apt. #, etc. Suite, Apt. #, etc. 03122008 Cha-LLC CR2E083 (12/06) ¥ 13-208 City & State City & State 4. FEI Number Applied For Dau:e 36-4490726 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ us us 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAOS, ISABEL 6365 TAFT STREET, SUITE 3006A Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD, FL 33024 City Zip Code FL 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR MGR TITLE TITLE ☐ Delete Change . ☐ Addition LAOS, ISABEL NAME NAME Laos, Isabel STREET ADDRESS 6365 TAFT STREET, #3006A STREET ADDRESS 10620 Briffin Road, # B-208 CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP Davie, FL 33328 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIF TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

3-11-08

Daytime Phone #

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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

FILED