

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-15-2003 90097 004 ****50.00

DOCUMENT # L02000013886

1. Entity Name

ASPIRE MORTGAGE LENDERS, LLC



Principal Place of Business

Mailing Address

3300 NE 164TH STREET
NORTH MIAMI BEACH FL 33160

3300 NE 164TH STREET
NORTH MIAMI BEACH FL 33160

2. Principal Place of Business

15450 NEW BURN ROAD

3. Mailing Address

15450 NEW BURN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL 33014

SUITE # 303

City & State

City & State

MIAMI LAKES

MIAMI LAKES, FL

Zip

Country

33014

USA

Zip

Country

33014

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

38-3651804

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARRERO, RAISA
3300 NE 164TH STREET
NORTH MIAMI BEACH FL 33160

Name

MARRERO

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MEMBER, MANAGING				
	RAISA MARRERO	15450 NEW BURN ROAD STE 303	MIAMI LAKES, FL 33014		

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: X SIGNATURE REQUIRED

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

Date

Daytime Phone #

9-2-03 305 826 0550

CR2E083 (4/03)