

FILED
May 19, 2003 8:00 am
Secretary of State

04-14-2003 90232 029 ****50.00

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**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**



DOCUMENT # L02000019403

1. Entity Name

H.E.D.G.S. MORTGAGE COMPANY, LLC

Principal Place of Business

7333 CORAL WAY
MIAMI FL 33155

Mailing Address

7333 CORAL WAY
MIAMI FL 33155

44001974



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

02-0680626

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PERSAUD, SAMUEL A ESQ.
1320 SOUTH DIXIE HIGHWAY, SUITE 715
CORAL GABLES FL 33155

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 relinquishing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME
Anthony Dande, President
7333 Coral Way
Miami, FL 33155

☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

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☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing is complete and accurate 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

4/9/03

305-264-7805

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

Date

Daytime Phone #

CFR2083 (10/02)

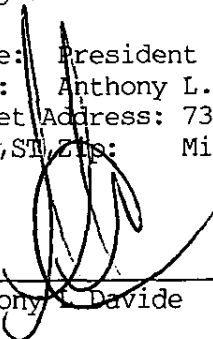
H.E.D.G.S MORTGAGE COMPANY, LLC.

Attachment

Attachment

Managers List.

Title: President
Name: Anthony L. Davide
Street Address: 7333 Coral Way
City, ST, Zip: Miami, FL 33155



Anthony L. Davide

5.15.03
Date

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~~#102000019403~~