

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

04-14-2003 90235 024 *****50.00

DOCUMENT # L02000021042

1. Entity Name

LARGO MORTGAGE SERVICES, LLC



Principal Place of Business

180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114

Mailing Address

180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114

2. Principal Place of Business

43W Granada Blvd
Ormond Beach FL

3. Mailing Address

43W Granada Blvd
Ormond Beach FL

City & State

Ormond Beach, FL

4. FEI Number

16-1622305

Applied For

Not Applicable

Zip

Country

32174

USA

Zip

Country

32174

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WERCHOLUK, RICHARD
180 POINT O'WOODS DRIVE
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: Wercholak, Richard
Street Address (P.O. Box Number is Not Acceptable):
43W Granada Blvd.
City: Ormond Beach FL Zip Code: 32174

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	WERCHOLUK, RICHARD	
STREET ADDRESS	180 POINT O'WOODS DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KESSLER, STUART A	
STREET ADDRESS	67 PROSPECT AVE.	
CITY-ST-ZIP	WEST HARTFORD CT 06107	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MEMBER MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KESSLER, LAWRENCE J.	
STREET ADDRESS	54 DAVENTRY HILL	
CITY-ST-ZIP	AVON CT 06001	
TITLE	SUSAN PAPERNY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEMBER MANAGING MEMBER	
STREET ADDRESS	94 BRENTWOOD DR	
CITY-ST-ZIP	GLASTON BERRY CT 06033	
TITLE	MEMBER MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WERCHOLUK, RICHARD	
STREET ADDRESS	180 POINT O'WOODS DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32174	
TITLE	MEMBER MANAGING MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARGO MORTGAGE SERVICES, LLC	
STREET ADDRESS	1107 Biscayne Pkwy	
CITY-ST-ZIP	DAYTONA BEACH FL 32174	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

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

4/10/03 386/615-0215
Date Signature Phone #

CR2E083 (10/02)