

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90050 032 \*\*\*138.75

60046463




08062008 Chg-LLC CR2E083 (12/06)

4. FEI Number 05-0571664 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L03000018033

1. Entity Name  
THE MORTGAGE SCHOOL, LLC



Principal Place of Business 1017 THOMASVILLE RD SUITE A TALLAHASSEE, FL 32303

Mailing Address 1017 THOMASVILLE RD SUITE A TALLAHASSEE, FL 32303

2. Principal Place of Business - No P.O. Box # 2937 Spinnaker Ct Suite, Apt. #, etc.

3. Mailing Address 2937 Spinnaker Ct Suite, Apt. #, etc.

City & State Tallahassee, Florida Zip 32303 Country USA

City & State Tallahassee, Florida Zip 32303 Country USA

6. Name and Address of Current Registered Agent  
HUTCHINSON, THOMAS H  
1017 THOMASVILLE RD  
SUITE A  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent  
Name Thomas Hutchinson  
Street Address (P.O. Box Number is Not Acceptable) 2937 Spinnaker Ct  
City Tallahassee, FL Zip Code 32303

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 *Thomas Hutchinson* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUTCHINSON, THOMAS H 1017 THOMASVILLE RD STE A TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2937 Spinnaker Ct Tallahassee, FL 32303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: *Thomas Hutchinson* 08/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #