

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90027 017 ****50.00

DOCUMENT # L03000038217

1. Entity Name
5-HOMECOM.LOANS, LLC



Principal Place of Business
1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161 US

Mailing Address
1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161 US

2. Principal Place of Business
1545 NE 123rd St
Suite, Apt. #, etc.

3. Mailing Address
1545 NE 123rd St
Suite, Apt. #, etc.

City & State
North Miami, FL
Zip
33161
Country
USA

City & State
North Miami, FL
Zip
33161
Country
USA

01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0281627

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HENDERSON, MARK
1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HENDERSON, MARK
1545 NORTHEAST 123RD STREET
NORTH MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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

Mark Henderson

4/27/04

Date

305-895-0891

Daytime Phone #