

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90071 009 ****50.00

DOCUMENT # L03000042625

1. Entity Name
SHIRL-HOME MORTGAGE LENDERS, LLC



Principal Place of Business
2225 N COMMERCE PARKWAY
9
WESTON, FL 33326

Mailing Address
2225 N COMMERCE PARKWAY
9
WESTON, FL 33326

2. Principal Place of Business
3850 SW 148th AVE
Suite, Apt. #, etc.
110

3. Mailing Address
4967 Brightmour Circle
Suite, Apt. #, etc.

City & State
MIRAMAR FL
Zip
33027
Country
USA

City & State
Orlando FL
Zip
32837
Country
USA

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
36-4544036

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHIRLEY, PIERRE A
2853 SW 174 AVENUE
MIRAMAR, FL 33029

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]* MGR

4/29/06

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHIRLEY, PIERRE A
2853 SW 174 AVENUE
MIRAMAR, FL 33029 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SHIRLEY, PIERRE A
4967 Brightmour Circle
Orlando FL 32837 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29/06

407-454-8856

Date

Daytime Phone #