


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000003560	
1. Entity Name COSCAN MORTGAGE SERVICES, LLC	

Principal Place of Business 5555 ANGLERS AVENUE SUITE 1 FT LAUDERDALE, FL 33312 US	Mailing Address 5555 ANGLERS AVENUE SUITE 1 FT LAUDERDALE, FL 33312 US
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DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0592269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FERRELL GROUP CORPORATE SERVICES, LLC
201 S BISCAYNE BLVD.
34TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIAZZA, ALBERT C 5555 ANGLERS AVENUE - SUITE 1 FT. LAUDERDALE, FL 33312
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100000453480
03/14/06-80023-017 50.00

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IN THIS SPACE**

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 AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Albert C. Piazza, MGR *1/10/06* *(954) 620-1020*