

DOCUMENT# L04000026035

**Entity Name:** CLOSING PROCESS COORDINATOR LLC

**New Principal Place of Business:**

**Current Mailing Address:****New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date \_\_\_\_\_

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MAHAN, ROBERT L  
Address: 3409 DEL PRADO BLVD. STE. 103  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT MAHAN

MGR

03/31/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date