

LD4000052222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

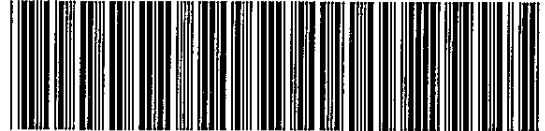
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900037971659

11/24/04--01043--001 \*\*80.00

RECEIVED  
FLORIDA  
JAN 24 2005

04 NOV 04 PM 2:33

FILED

LD4-52222  
AL  
FF \$25.00

STATEMENT DESIGNATING SUCCESSOR REGISTERED AGENT  
OF  
COUNTRYWIDE MORTGAGE, LLC

State of Florida )ss  
County of Miami-Dade )

Pursuant to the provisions of Sections 608.415 and 608-407(1) (c) of the Florida Limited Liability Company Act, the Limited Liability Company identified below submits the following statement designating its registered office and registered agent in the State of Florida:

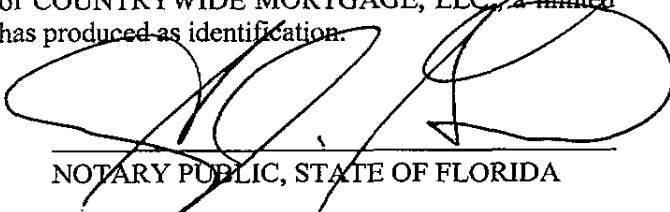
1. The name of the limited liability company is COUNTRYWIDE MORTGAGE, LLC.
2. The name of the successor registered agent of COUNTRYWIDE MORTGAGE, LLC shall be JEYSA GRAIBE and the street address of the company's principal officer where the agent is located is 8040 N.W. 155<sup>th</sup> Street, Suite 215, Miami Lakes, Florida 33016.
3. This statement is to acknowledge that, as indicated above, COUNTRYWIDE MORTGAGE, LLC appointed me, JEYSA GRAIBE as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated: November 22, 2004

  
\_\_\_\_\_  
JEYSA GRAIBE  
REGISTERED AGENT

The foregoing instrument was acknowledged before me this 22 day of November, 2004 by JEYSA GRAIBE, as registered agent on behalf of COUNTRYWIDE MORTGAGE, LLC, a limited liability company. He is personally known to me or has produced as identification.

☒ Personally known  
☒ Produced FDL  
as identification

  
\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

SYLVIA GARCIA  
Printed Name of Notary

My Commission Expires:



CLERK OF STATE  
TREASURY  
TALLAHASSEE, FLORIDA  
NOV 24 PM 2:31

FILED