

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 029 ****55.00

DOCUMENT # L04000066987

1. Entity Name
LAST CHANCE MORTGAGE SERVICES, LLC



Principal Place of Business
**9965 MIRAMAR PARKWAY, SUITE 267
MIRAMAR, FL 33025**

Mailing Address
**9965 MIRAMAR PARKWAY, SUITE 267
MIRAMAR, FL 33025**

DO NOT WRITE IN THIS SPACE



04042006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUFRESNE, RAMCES G
9965 MIRAMAR PARKWAY, SUITE 267
MIRAMAR, FL 33025**

**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 | MGR |
| NAME | DUFRESNE, JACQUES |
| STREET ADDRESS | 9965 MIRAMAR PARKWAY, SUITE 267 |
| CITY-ST-ZIP | MIRAMAR, FL 33025 |
| TITLE | MGR |
| NAME | DUFRESNE, JEAN |
| STREET ADDRESS | 9965 MIRAMAR PARKWAY, SUITE 267 |
| CITY-ST-ZIP | MIRAMAR, FL 33025 |
| TITLE | MNGR |
| NAME | DUFRESNE, R.G. |
| STREET ADDRESS | 9965 MIRAMAR PKWY, STE 267 |
| CITY-ST-ZIP | MIRAMAR, FL 33025 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

*Please Delete
MNGR
DUFRESNE, JEAN
No longer manager*

**DO NOT WRITE
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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

04/04/06 (786) 260-5708

ATTACHMENT

20027046

#664008628841

04/04/06

From: Last Chance Mortgage Svcs, LLC
9965 Miramar Pkwy, Ste 267
Miramar, FL 33025

To: Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: Updating new managing member to:

1- Mngr, Dufresne, R.G

2- Mngr, delete from record
Dufresne, Jean

Respectfully,



Dufresne, Jacques
Mngr