

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069865

FILED
Aug 08, 2008
Secretary of State

Entity Name: ACULINK MORTGAGE SOLUTIONS, LLC

Current Principal Place of Business:

8001 WOODLAND CENTER BLVD
SUITE 200
TAMPA, FL 33614

New Principal Place of Business:

6531 IRVINE CENTER DRIVE
IRVINE, CA 92619

Current Mailing Address:

8001 WOODLAND CENTER BLVD
SUITE 200
TAMPA, FL 33614

New Mailing Address:

6531 IRVINE CENTER DRIVE
P.O. BOX 57080
IRVINE, CA 92619

FEI Number: 20-1756800 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRIEGSHAUSER, ROGER
8001 WOODLAND CENTER
STE 200
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: SUSAN GIULIANO

08/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KREIGSHAUSER, ROGER
Address: 4520 SEEDLING CIRCLE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SUGIMOTO, DALE
Address: P.O. BOX 57080
City-St-Zip: IRVINE, CA 92619

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SUSAN GIULIANO

ADMI

08/08/2008

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