

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073387

Entity Name: ALCHEMIST MORTGAGE, LLC

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

1717 N BAYSHORE DR
SUITE 1956
MIAMI, FL 33132

New Principal Place of Business:

1804 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

1717 N BAYSHORE DR
SUITE 1956
MIAMI, FL 33132

New Mailing Address:

1804 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

FEI Number: 86-1116734 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:

GONZALEZ, ADRIANA M
1717 N BAYSHORE DR
SUITE 1956
MIAMI, FL 33132 US

Name and Address of New Registered Agent:

GONZALEZ, ADRIANA M
1804 PONCE DE LEON BLVD
CORAL GABLES, FL 33134 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: ADRIANA GONZALEZ

05/02/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, ADRIANA M
Address: 1717 N BAYSHORE DR SUITE #1956
City-St-Zip: MIAMI, FL 33132

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GONZALEZ, ADRIANA M
Address: 1804 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

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: ADRIANA GONZALEZ

MGRM

05/02/2009

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