

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088405

FILED
Apr 29, 2009
Secretary of State

Entity Name: COMPREHENSIVE MORTGAGE SOLUTIONS, LLC

Current Principal Place of Business:

1310 WEST COLONIAL DRIVE
SUITE 1
ORLANDO, FL 32804

New Principal Place of Business:

7319 BRIARLYN COURT
ORLANDO, FL 32818

Current Mailing Address:

7319 BRIARLYN COURT
ORLANDO, FL 32818

New Mailing Address:

FEI Number: 20-1983997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUCKNER, KEITH A
7319 BRIARLYN COURT
ORLANDO, FL, FL 32818 US

Name and Address of New Registered Agent:

BUCKNER, KEITH A
7319 BRIARLYN COURT
ORLANDO, FL 32818 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BUCKNER, KEITH A
Address: 7319 BRIARLYN COURT
City-St-Zip: ORLANDO, FL 32818

Title: VP () Delete
Name: WALTON, AILEEN
Address: 3195 ABBEY DRIVE, SW
City-St-Zip: ATLANTA, GA 30331

Title: ST () Delete
Name: BUCKNER, KEITH A
Address: 7319 BRIARLYN COURT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEITH A. BUCKNER

MR

04/29/2009

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