

4/29

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

2005 APR 29 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD400091205

1. Entity Name Pamela Smith Mortgage Broker LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4304 SLASH PINE LN.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 7233
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tallahassee, FL 32305

City & State
Tallahassee, FL

4. FEI Number

Applied For
☒ Not Applicable

Zip
32305

Country
Leon

Zip
32314

Country
Leon

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Ingram Spencer

Street Address (P.O. Box Number is Not Acceptable)
178 Salem Ct

City Tallahassee

FL

Zip Code
32301

**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.

SIGNATURE [Signature]
Signature, typed or printed name of registered agent and title if applicable.

4/28/05
DATE

**FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE Principal Managing Member
NAME Pamela Smith
STREET ADDRESS 4304 SLASH PINE LN
CITY-ST-ZIP Tallahassee, FL

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CITY-ST-ZIP
100055210661
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**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-28-05

CR2E083B (12/01)