

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052800

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** A BETTER MORTGAGE SOLUTION, LLC

**Current Principal Place of Business:**

4240 BALINGTON DR  
VALRICO, FL 33596 US

**New Principal Place of Business:**

4312 BUCKHORN GROVES CT  
VALRICO, FL 33596 US

**Current Mailing Address:**

4240 BALINGTON DR  
VALRICO, FL 33596 US

**New Mailing Address:**

4312 BUCKHORN GROVES CT  
VALRICO, FL 33596 US

FEI Number: 20-2935509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MALONEY, JULIE R  
4240 BALINGTON DR  
VALRICO, FL 33596 US

**Name and Address of New Registered Agent:**

MALONEY, JULIE R  
4312 BUCKHORN GROVES CT  
VALRICO, FL 33596 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: JULIE MALONEY

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MALONEY, JULIE R  
Address: 4240 BALINGTON DR  
City-St-Zip: VALRICO, FL 33596 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MALONEY, JULIE R  
Address: 4312 BUCKHORN GROVES CT  
City-St-Zip: VALRICO, FL 33596 US

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: JULIE MALONEY

OWNE

04/29/2009

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