

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State

04-25-2007 90033 042 ****50.00

DOCUMENT # L05000054886

1. Entity Name
MORTGAGE DYNAMICS II, LLC



Principal Place of Business
**3327 NE 32ND STREET
FT. LAUDERDALE, FL 33308**

Mailing Address
**3327 NE 32ND STREET
FT. LAUDERDALE, FL 33308**

2. Principal Place of Business - No P.O. Box #
3303 NE 32nd St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale FL

City & State

4. FEI Number
20-2947080

Applied For
Not Applicable

Zip
33308

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**DELUCA, GARY
3327 NE 32ND STREET
FT. LAUDERDALE, FL 33308**

7. Name and Address of New Registered Agent

Name **GARY Deluca GARY**
Street Address (P.O. Box Number is Not Acceptable)

3303 NE 32nd St

City **Fort Lauderdale FL** Zip Code **33308**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **DELUCA, GARY**
STREET ADDRESS **3327 NE 32ND STREET**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33308**

TITLE **MGRM** ☐ Delete
NAME **COBB, CANDIDA**
STREET ADDRESS **3325 NE 32ND STREET SUITE B**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **DeLuca, Gary**
STREET ADDRESS **3303 NE 32nd St**
CITY-ST-ZIP **Fort Lauderdale FL**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Cobb, Candida**
STREET ADDRESS **3303 NE 32nd St**
CITY-ST-ZIP **Fort Lauderdale, FL 33308**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/25/07