


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-30-2007 90028 032 \*\*\*\*55.00

<b>DOCUMENT # L05000095645</b>	
1. Entity Name <b>FORECLOSURE PREVENTION SERVICES LLC</b>	

Principal Place of Business 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027	Mailing Address 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027
---	---

60000000



2. Principal Place of Business - No P.O. Box # <b>9200 NW 39 Ave</b>	3. Mailing Address <b>9200 NW 39 Ave</b>
Suite, Apt. #, etc. <b>130-324</b>	Suite, Apt. #, etc. <b>130-324</b>
City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32606</b>	Country <b>U.S.</b>

07272007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>CUMMINS, GINA</b> <b>14359 MIRAMAR PKWY, SUITE 332</b> <b>MIRAMAR, FL 33027</b>	
---	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

4. FEI Number  
**84-1690824**

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

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 *Gina Cummins*

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 September 14, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINS, GINA 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUMMINS, EDWARD 14359 MIRAMAR PKWY, SUITE 332 MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	managing member/owner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CUMMINS, GINA 9200 NW 39 Ave 130-324 Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	non-owner/manager <input type="checkbox"/> Change <input type="checkbox"/> Addition CUMMINS, EDWARD 9200 NW 39 Ave 130-324 Gainesville, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MCummins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*July 27, 2007*

Date

Daytime Phone #