

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022351

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** FORECLOSURE SURPLUS REFUND GROUP, L.L.C.

**Current Principal Place of Business:**

175 FRECKERICA AVE NW  
PALM BAY, FL 32911

**New Principal Place of Business:**

175 FRECKERICA AVE NW  
PALM BAY, FL 32907

**Current Mailing Address:**

PO BOX 111406  
PALM BAY, FL 32911

**New Mailing Address:**

**FEI Number:** 20-4406908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PETITE, SUZANNE  
175 FREDERICA AVE. NW  
PALM BAY, FL 32907 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PETITE, SUZANNE  
Address: 175 FREDERICA AVE NW  
City-St-Zip: PALM BAY, FL 32907

Title: MGMB  
Name: PETITE, MICHAEL  
Address: 175 FREDERICA AVE NW  
City-St-Zip: PALM BAY, FL 32907

I hereby 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: MICHAEL PETITE

MGMR

01/07/2011

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