

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000063467

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** AMERICA MORTGAGE CENTER, LLC

**Current Principal Place of Business:**

1121 KENTUCKY AVENUE  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

1121 KENTUCKY AVENUE  
ST. CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 71-1007284

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, MARY J  
441 TOWN SQUARE CT.  
ST. CLOUD, FL 34769 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:** MGR  
**Name:** JOHNSON, MARY J  
**Address:** 441 TOWN SQUARE CT.  
**City-St-Zip:** ST. CLOUD, FL 34769

**Title:** MGRM  
**Name:** JOHNSON, SCOTT D  
**Address:** 2336 SWEETWATER BLVD.  
**City-St-Zip:** ST. CLOUD, FL 34772

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:** MARY JO JOHNSON

MGR

04/29/2010

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