

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067175

FILED
Jan 08, 2008
Secretary of State

Entity Name: LENDOCITY MORTGAGE SOLUTIONS, LLC

Current Principal Place of Business:

8384 BAYMEADOWS ROAD
SUITE 13
JACKSONVILLE, FL 32256

New Principal Place of Business:

1835 US 1 S
SUITE 119-251
ST AUGUSTINE, FL 32284

Current Mailing Address:

8384 BAYMEADOWS ROAD
SUITE 13
JACKSONVILLE, FL 32256

New Mailing Address:

1835 US 1 S
SUITE 119-251
ST AUGUSTINE, FL 32284

FEI Number: 20-5148328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEFANI K. NOLAN, P.A.
1016 LASALLE STREET
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

KELVIN KELLEY
1835 US 1 S
SUITE 119-251
ST AUGUSTINE, FL 32084 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: KELVIN KELLEY

01/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KELLEY, KELVIN
Address: 128 SOUTHWALK PLACE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: MGRM () Delete
Name: KELLEY, CHARLOTTE
Address: 128 SOUTHWALK PLACE
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KELVIN KELLEY

MGRM

01/08/2008

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