

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000099895

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** FORECLOSURE SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

4809 E. BUSCH BLVD.  
SUITE 207  
TAMPA, FL 33617

**New Principal Place of Business:**

2202 N. WESTSHORE BLVD.  
SUITE 200  
TAMPA, FL 33607

**Current Mailing Address:**

4809 E. BUSCH BLVD.  
SUITE 207  
TAMPA, FL 33617

**New Mailing Address:**

2202 N. WESTSHORE BLVD.  
SUITE 200  
TAMPA, FL 33607

**FEI Number:** 36-4595858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYN-FATT, KEVIN A  
4809 E. BUSCH BLVD.  
SUITE 207  
TAMPA, FL 33617 US

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

LYNFATT, KEVIN A  
2202 N. WESTSHORE BLVD.  
SUITE 200  
TAMPA, FL 33607 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: KEVIN A. LYNFATT

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LYNFATT, KEVIN A  
Address: 2202 N. WESTSHORE BLVD.  
City-St-Zip: TAMPA, FL 33607

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: KEVIN A. LYNFATT

MGR

05/01/2011

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