

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90045 018 \*\*\*\*50.00

**DOCUMENT # L06000101646**

1. Entity Name  
**LINCOLN LENDING SERVICES, LLC.**



**60040683**



Principal Place of Business  
**10 NW 42ND. AVENUE  
SUITE 509  
MIAMI, FL 33126**

Mailing Address  
**10 NW 42ND. AVENUE  
SUITE 509  
MIAMI, FL 33126**

2. Principal Place of Business - No P.O. Box #  
**10 N.W. 42nd AVE.**

3. Mailing Address  
**10 N.W. 42nd AVE.**

Suite, Apt. #, etc. **SUITE 400**

Suite, Apt. #, etc. **SUITE 400**

City & State **MIAMI, FLORIDA**

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Zip **33126** Country **USA**

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04172007 Chg-LLC CR2E083 (12/06)

4. FEI Number **Apply For**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**GOMEZ, RITA M  
10 NW 42ND. AVENUE  
SUITE 509  
MIAMI, FL 33126**

7. Name and Address of New Registered Agent

Name **Rita M. Gomez**

Street Address (P.O. Box Number is Not Acceptable)  
**10 NW 42ND AVE SUITE 400**

City **MIAMI** FL Zip Code **33126**

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 **Rita Gomez** **Rita M. Gomez - Manager** **4/17/07**

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 May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RMG FUNDING GROUP, LLC.		NAME		
STREET ADDRESS	10 NW 42ND. AVENUE, SUITE 509		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Rita Gomez - Rita Gomez** **4/17/07** **(305) 445-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #