## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115672

Entity Name: AMFUND MORTGAGE, LLC

FILED Jun 18, 2009 Secretary of State

1 FLORIDA PARK DRIVE, NORTH 145 CYPRESS POINT PKWY

**UNIT 203** STE 107

PALM COAST, FL 32137 PALM COAST, FL 32164

**Current Mailing Address: New Mailing Address:** 

1 FLORIDA PARK DRIVE, NORTH 145 CYPRESS POINT PKWY STE 107 **UNIT 203** 

PALM COAST, FL 32137 PALM COAST, FL 32164

FEI Number: 56-2625616 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CHAGEYEVA, ELLA CHAGEYEVA, ELLA 1 FLORIDA PARK DRIVE, NORTH 47 EDITH POPE

PALM COAST, FL 32164 US STE 107

PALM COAST, FL 32137 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: ELLA CHEGEYEVA 06/18/2009

> Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Change () Addition () Delete

CHAGEYEVA, ELLA Name: Name: Address: 47 EDITH POPE DR Address: City-St-Zip: PALM COAST, FL 32164 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

DRUZHENKO, KONSTANTIN Name: Name: Address: 82 EDWARD RIVE Address: City-St-Zip: PALM COAST, FL 32164 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: ELLA CHEGEYEVA 06/18/2009