


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90106 029 ***138.75

DOCUMENT # L07000032424

1. Entity Name
MORTGAGES, LLC



Principal Place of Business
17 CASEY LANE
OKEECHOBEE, FL 34974 US

Mailing Address
17 CASEY LANE
OKEECHOBEE, FL 34974 US

2. Principal Place of Business - No P.O. Box #
807 NE Park St
Suite, Apt. #, etc.

3. Mailing Address
17 Casey Ln
Suite, Apt. #, etc.

City & State
Okeechobee

City & State
Okeechobee

Zip
34972

Country
Okeechobee

01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0354652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MURPHY, JEAN
17 CASEY LANE
OKEECHOBEE, FL 34974

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, JEAN 17 CASEY LANE OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 606, Florida Statutes.

SIGNATURE:  **5/1/08 863-634-5236**

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