

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000096079

FILED
Feb 13, 2008
Secretary of State

Entity Name: FORECLOSURE SOLUTION CENTERS LLC

Current Principal Place of Business:

3040 S.W. 111TH AVENUE
MIAMI, FL 33165

New Principal Place of Business:

3939 NW 7TH STREET
204
MIAMI, FL 33126

Current Mailing Address:

3040 S.W. 111TH AVENUE
MIAMI, FL 33165

New Mailing Address:

3939 NW 7TH STREET
204
MIAMI, FL 33126

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

SAFONT, NOEL MGR
3939 NW 7TH STREET
204
MIAMI, FL 33126 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: NOEL SAFONT

02/13/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: SAFONT, NOEL MGR
Address: 3939 NW 7TH STREET #204
City-St-Zip: MIAMI, FL 33126 US

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: NOEL SAFONT

MGR

02/13/2008

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