

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000101835

FILED
Apr 14, 2008
Secretary of State

Entity Name: LOSS MITIGATION SOLUTION SPECIALIST, LLC

Current Principal Place of Business:

2086 SW NEWPORT ISLES BLVD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2086 SW NEWPORT ISLES BLVD
PORT ST. LUCIE, FL 34953

New Mailing Address:

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

Name and Address of Current Registered Agent:

JIMENEZ, CANDY
2086 SW NEWPORT ISLES BLVD
PORT ST. LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JIMENEZ, CANDY
Address: 2086 SW NEWPORT ISLES BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
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: CANDY JIMENEZ MGR 04/14/2008

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