

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106858

FILED
Apr 21, 2008
Secretary of State

Entity Name: FLAGLER COUNTY LOSS MITIGATION CONSULTING LLC

Current Principal Place of Business:

210 OLD KINGS RD S
SUITE 600
FLAGLER BEACH, FL 32136

New Principal Place of Business:

Current Mailing Address:

210 OLD KINGS RD S
SUITE 600
FLAGLER BEACH, FL 32136

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:

SAMURIN, ALEKSANDR
210 OLD KINGS RD S
600
FLAGLER BEACH, FL 32136 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: SAMURIN, ALEKSANDR
Address: 49 OLD OAK DR S
City-St-Zip: PALM COAST, FL 32137

Title: MGRM () Delete
Name: EVANS, KEITH
Address: 52 LEAVER DR
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEKSANDR SAMURIN MGRM 04/21/2008

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