

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107390

FILED
Apr 29, 2008
Secretary of State

Entity Name: REMEDY LOSS MITIGATION, LLC

Current Principal Place of Business:

401 N PINE MEADOW DRIVE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

PO BOX 740463
ORANGE CITY, FL 32774

New Mailing Address:

FEI Number: 26-1540682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KEES, ALICE
427 PATLIN AVE
ORANGE, FL 32763 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: MGRM () Delete
Name: KEES, ALICE
Address: 427 PATLIN AVE
City-St-Zip: ORANGE CITY, FL 32763

Title: MGRM () Delete
Name: MCLAUGHLIN, KIMBERLY
Address: 401 N PINE MEADOW DRIVE
City-St-Zip: DEBARY, FL 32713

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: ALICE KEES

MGR

04/29/2008

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