

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116569

FILED
Apr 25, 2008
Secretary of State

Entity Name: AVERT LOSS MITIGATION SERVICES, LLC

Current Principal Place of Business:

130-C PERRY AVE
FORT WALTON BEACH, FL 32548 US

New Principal Place of Business:

Current Mailing Address:

1115 WHITE POINT ROAD
NICEVILLE, FL 32578 US

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:

CLIFTON, LYNDON E
1115 WHITE POINT ROAD
NICEVILLE, FL 32578 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: CLIFTON, LYNDON E
Address: 1115 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578 US

Title: MGRM () Delete
Name: CLIFTON, ALISSA L
Address: 1115 WHITE POINT ROAD
City-St-Zip: NICEVILLE, FL 32578 US

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: ALISSA L. CLIFTON

MGRM

04/25/2008

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