2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# L07000117925

Entity Name: SOS LOSS MITIGATION LLC

Current Principal Place of Business:

401 SW 70TH AVENUE
PEMBROKE PINES, FL 33023

New Principal Place of Business:

15165 NW 77 AVENUE
1008
MIAMI LAKES, FL 33014

Current Mailing Address:

401 SW 70TH AVENUE
PEMBROKE PINES, FL 33023

New Mailing Address:

15165 NW 77 AVENUE
1008
MIAMI LAKES, FL 33014

FEI Number: 26-2502984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOREJON, LYDIA
7015 NW 173RD DRIVE
#204
MIAMI LAKES, FL 33015 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:	SMITH, MYRON L	
Address:	401 SW 70TH AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	MGRM	( ) Delete
Name:	ENG, SURIZADAY	
Address:	401 SW 70TH AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	MGRM	( ) Delete
Name:	MOREJON, SARAY	
Address:	401 SW 70TH AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33023	
Title:	MGRM	( ) Delete
Name:	VAZQUEZ, YAMILA	
Address:	401 SW 70 AVENUE	
City-St-Zip:	PEMBROKE PINES, FL 33023	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	MESA, DAVID	
Address:	15165 NW 77 AVENUE, STE. 1008	
City-St-Zip:	MIAMI LAKES, FL 33014	

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: SARAY MOREJON P 05/05/2008

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