

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000117925

**FILED**  
**Oct 10, 2009**  
**Secretary of State**

**Entity Name:** SOS LOSS MITIGATION LLC

**Current Principal Place of Business:**

15165 NW 77 AVENUE  
1008  
MIAMI LAKES, FL 33014

**New Principal Place of Business:**

15165 NW 77 AVENUE  
1006  
MIAMI LAKES, FL 33014

**Current Mailing Address:**

15165 NW 77 AVENUE  
1008  
MIAMI LAKES, FL 33014

**New Mailing Address:**

15165 NW 77 AVENUE  
1006  
MIAMI LAKES, FL 33014

**FEI Number:** 26-2502984      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:** LYDIA MOREJON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR (X) Delete  
**Name:** SMITH, MYRON L  
**Address:** 401 SW 70TH AVENUE  
**City-St-Zip:** PEMBROKE PINES, FL 33023

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

**ADDITIONS/CHANGES:**

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

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

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MOREJON, SARAY  
**Address:** 15165 NW 77TH AVENUE, SUITE 1006  
**City-St-Zip:** MIAMI LAKES, FL 33014

**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:** SARAI A. MOREJON

MGRM

10/10/2009

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