

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120039

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FORECLOSURE SAVIOUR MITIGATION SERVICES, LLC

**Current Principal Place of Business:**

568 9TH STREET SOUTH  
SUITE 132  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

568 9TH STREET SOUTH  
SUITE # 132  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 26-2892849

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAPIRO, MARC L  
720 GOODLETTE ROAD  
STE. # 304  
NAPLES, FL 34102 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  
Name: NATIONAL SHORT SALE SERVICERS, LLC  
Address: 568 9TH STREET SOUTH SUITE 132  
City-St-Zip: NAPLES, FL 34102

I hereby 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: ROBERT K. BENTON

MM

04/30/2012

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