## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000125430

Entity Name: LOSS MITIGATION GROUP LLC

FILED Jan 06, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5941 NW 173RD DR. SUITE 7 MIAMI LAKES, FL 33015 **New Mailing Address: Current Mailing Address:** 5941 NW 173RD DR. SUITE 7 MIAMI LAKES, FL 33015 US FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOHAN, JOHN ARCE, STEVE 5941 NW 173RD DR. 5941 NW 173RD DR. SUITE 7 SUITE 7 MIAMI LAKES, FL 33015 US MIAMI LAKES, FL 33015 US 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: STEVE ARCE 01/06/2008 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SALDIAS, IVAN Name: Name: Address: 5941 NW 173RD DR. SUITE 7

City-St-Zip: Title:

City-St-Zip:

Title:

Name:

Name:

Address:

MGR

ARCE, STEVE

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Address: City-St-Zip:

(X) Delete MOHAN, JOHN 5941 NW 173RD DR. SUITE 7

MIAMI LAKES, FL 33015 US

5941 NW 173RD DR. SUITE 7

MIAMI LAKES, FL 33015 US

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MIAMI LAKES, FL 33015 US

Address:

City-St-Zip:

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Title: Name:

Address: City-St-Zip:

Title: 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: IVAN SALDIAS **MGRM** 01/06/2008