

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000103

FILED
Mar 27, 2009
Secretary of State

Entity Name: F.E.I. LOSS MITIGATION SERVICES, L.L.C.

Current Principal Place of Business:

1631 ROCK SPRINGS RD
111
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

1631 ROCK SPRINGS RD
111
APOPKA, FL 32712

New Mailing Address:

FEI Number: 74-3248566 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREDA, MATTHEW C
1631 ROCK SPRINGS RD
111
APOPKA, FL 32712 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: FREDA, MATTHEW C
Address: 1631 ROCK SPRINGS RD., #111
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: FREDA, JENNIFER A
Address: 1631 ROCK SPRINGS RD., #111
City-St-Zip: APOPKA, FL 32712

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: MATTHEW C FREDA PRES 03/27/2009

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