

# 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