


2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #. L08000008688	
1. Entity Name Loss Mitigation Central, LLC	

Principal Place of Business 9741 125 St. N Seminole, FL 33772	Mailing Address P.O. Box 3310 Seminole, FL 33775
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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6. Name and Address of Current Registered Agent Kenneth G. Arsenault Jr. 10225 Ulmerton Road Unit 2 Largo, FL 33771	7. Name and Address of New Registered Agent Name David P. Carter, Esquire Street Address (P.O. Box Number is Not Acceptable) 7985 113th Street North Seminole Office Center Suite 108 City Seminole FL Zip Code 33772
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8. 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. I am familiar with, and accept the obligations of registered agent.	SIGNATURE <i>David P. Carter, Esq</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-7-09
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P/T	Jeffrey A. Duarte <input type="checkbox"/> Delete STREET ADDRESS 9741 125th Street North CITY-ST-ZIP Seminole, FL 33772	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Vp/S	Bonnie M. Sullivan <input type="checkbox"/> Delete STREET ADDRESS c/o Jeffrey A. Duarte CITY-ST-ZIP 9741 125th Street North Seminole, FL 33772	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.
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SIGNATURE: <i>Jeffrey A. Duarte</i> APR 15 2009 President 4/07/09

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

500149457575

04/10/09--01020--026 **138.75

4. FEI Number None	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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