2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000012176

Entity Name: FLORIDA LOSS MITIGATION, LLC

Current Principal Place of Business:

1600 EAST AMELIA STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

920 MAIN STREET
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, MARK L
1600 EAST AMELIA STREET
ORLANDO, FL 32803 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: MGRM ( ) Delete
Name: ALLEN, MARK L
Address: 920 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete
Name: TORRES, EDWARD
Address: 2767 RAINBOW SPRINGS LANE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES:

Title: PVP (X) Change ( ) Addition
Name: ALLEN, MARK L
Address: 920 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: ST (X) Change ( ) Addition
Name: ANNE, ALLEN
Address: 920 MAIN STREET
City-St-Zip: WINDEREMRE, FL 34786

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: ANNE M ALLEN ST 04/27/2009

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