# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 18, 2012**
**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: 26-2571561** **FEI Number Applied For ( )** **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: PVP
Name: ALLEN, MARK L
Address: 920 MAIN STREET
City-St-Zip: WINDERMERE, FL 34786

Title: ST
Name: ANNE, ALLEN
Address: 920 MAIN STREET
City-St-Zip: WINDEREMRE, FL 34786

I hereby 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 Statues.

SIGNATURE: ANNE ALLEN MRS. 04/18/2012

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