2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L08000014225

Entity Name: LOSS MITIGATION SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

220 NW 40TH COURT #7
OAKLAND PARK, FL 33309

New Principal Place of Business:

Current Mailing Address:

220 NW 40TH COURT #7
OAKLAND PARK, FL 33309

New Mailing Address:

FEI Number: 80-0268256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, ROBERT W
15152 SW 36TH STREET
DAVIE, FL 33331 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: GREENE, ROBERT W
Address: 15152 SW 36TH STREET
City-St-Zip: DAVIE, FL 33331

Title: MGR ( ) Delete
Name: GREENE, ANITA M
Address: 15152 SW 36TH STREET
City-St-Zip: DAVIE, FL 33331

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: ROBERT W. GREENE MGR 04/08/2009

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