

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015414

**FILED**  
**Mar 17, 2009**  
**Secretary of State**

**Entity Name:** RESIDENTIAL LENDING SOLUTIONS, LLC

**Current Principal Place of Business:**

5103 LAKEWOOD DRIVE  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

5103 LAKEWOOD DRIVE  
COOPER CITY, FL 33330

**New Mailing Address:**

**FEI Number:** 26-1978505

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARY, WILLIAM A  
5103 LAKEWOOD DRIVE  
COOPER CITY, FL 33330 US

**Name and Address of New Registered Agent:**

CARY, WILLIAM A  
5103 LAKEWOOD DRIVE  
COOPER CITY, FL 33330 US

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:

03/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARY, WILLIAM A  
Address: 5103 LAKEWOOD DRIVE  
City-St-Zip: COOPER CITY, FL 33330

**ADDITIONS/CHANGES:**

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: WILLIAM A. CARY

MGRM

03/17/2009

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