

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020664

FILED
Apr 21, 2009
Secretary of State

Entity Name: LOSS MITIGATION SOLUTIONS OF JACKSONVILLE, LLC

Current Principal Place of Business:

12402 DEERSONG DRIVE N
JACKSONVILLE, FL 32218

New Principal Place of Business:

10752 DEERWOOD PARK BLVD
SU 100-169
JACKSONVILLE, FL 32256

Current Mailing Address:

12402 DEERSONG DRIVE N
JACKSONVILLE, FL 32218

New Mailing Address:

185 BARTRAM PARKE DRIVE
ST JOHNS, FL 32259

FEI Number: 41-2274715

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNN, SCOTT A
185 BARTRAM PARKE DRIVE
ST JOHNS, FL 32259 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: DENYS, JON A
Address: 12402 DEERSONG DRIVE N
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM () Delete
Name: DUNN, SCOTT A
Address: 185 BARTRAM PARKE DRIVE
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM () Delete
Name: DENYS, CHEROLYN H
Address: 12402 DEERSONG DRIVE N
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DENYS, JON A
Address: 185 BARTRAM PARKE DRIVE
City-St-Zip: ST JOHNS, FL 32259

Title: MGRM (X) Change () Addition
Name: DENYS, JON A
Address: 12402 DEERSONG DRIVE N
City-St-Zip: JACKSONVILLE, FL 32218

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: SCOTT DUNN

MGMR

04/21/2009

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