

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000029639

Entity Name: REO2GO, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

208 NORTH LAURA STREET
900
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

208 NORTH LAURA STREET
900
JACKSONVILLE, FL 32202

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:

JAMES E. ALBERTELLI P.A.
208 NORTH LAURA ST
900
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

JAMES E. ALBERTELLI, P.A.
208 NORTH LAURA ST
900
JACKSONVILLE, FL 32202 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: JAMES ALBERTELLI

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JAMES E. ALBERTELLI, P.A.
Address: 7806 MOUNT RANIER DR
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM (X) Delete
Name: MORTGAGEFLEX SERVICES, INC.
Address: 10151 DEERWOOD PARK BLVD. BLDG 400, ST 350
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAMES E. ALBERTELLI, P.A.
Address: 208 NORTH LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: JAMES ALBERTELLI

MGRM

04/30/2009

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