

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030168

Entity Name: PNA LOSS MITIGATION LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

9337 W SAMPLE ROAD
STE: 206
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1919 N. STATE RD. 7
SUITE 203
MARGATE, FL 33063

Current Mailing Address:

9337 W SAMPLE ROAD
STE: 206
CORAL SPRINGS, FL 33065

New Mailing Address:

1919 N. STATE RD. 7
SUITE 203
MARGATE, FL 33063

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATTON, RYAN
9337 W SAMPLE ROAD
STE: 206
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

PATTON, RYAN
1919 N. STATE RD. 7
SUITE 203
MARGATE, FL 33063 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: RYAN PATTON

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATTON, RYAN
Address: 9337 W SAMPLE ROAD STE: 206
City-St-Zip: CORAL SPRINGS, FL 33065

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATTON, RYAN
Address: 1150 HILLSBORO MILE, UNIT 702
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: MGR () Change (X) Addition
Name: WEGER, WILLIAM C
Address: 1150 HILLSBORO MILE, UNIT 702
City-St-Zip: HILLSBORO BEACH, FL 33062

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: RYAN PATTON

MGRM

03/30/2009

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