

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031567

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** FLORIDA FORECLOSURE LEGAL DEFENSE GROUP, P.L.L.C.

**Current Principal Place of Business:**

283 CRANES ROOST BLVD  
SUITE 111  
ALTEMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

283 CRANES ROOST BLVD  
SUITE 111  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

283 CRANES ROOST BLVD  
SUITE 111  
ALAMONTE SPRINGS, FL 32701

**New Mailing Address:**

283 CRANES ROOST BLVD  
SUITE 111  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 26-2276859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIFFIE, ROSALIND R  
2247 PALM BEACH LAKES BLVD  
SUITE 202  
WEST PALM BEACH, FL 33409 US

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

GRIFFIE, ROSALIND R  
2011 VISTA PARKWAY  
WEST PALM BEACH, FL 33411 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: ROSALIND R. GRIFFIE

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HANSLEY, CHRISTINE  
Address: SUITE 111 283 CRANES ROOST BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR ( ) Delete  
Name: GRIFFIE, ROSALIND  
Address: SUITE 104-336, 125 SOUTH STATE RD 7  
City-St-Zip: WEST PALM BEACH, FL 33414

**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: ROSALIND R. GRIFFIE

MGM

04/17/2009

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