

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L08000035079</b>					
<b>1. Entity Name</b> STRATEGIC MORTGAGE SOLUTIONS OF FLORIDA, LLC.					
<b>Principal Place of Business</b> 3608 PINECREST ST SARASOTA, FL 34232			<b>Mailing Address</b> P.O. BOX 5642 LAKELAND, FL 33807		
<b>2. Principal Place of Business - No P.O. Box #</b> 206 Easton Dr.		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Suite 107		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lakeland, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 26-2344366	
<b>Zip</b> 33803		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  APPEL LAW GROUP 625 COMMERCE DR LAKELAND, FL 33813			<b>7. Name and Address of New Registered Agent</b> Name: <u>Tabatha Urban</u> Street Address (P.O. Box Number is Not Acceptable): <u>206 Easton Dr.</u> <u>Suite 107</u> City: <u>Lakeland</u> <b>FL</b> Zip Code: <u>33803</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>5-20-10</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> URBAN, TABATHA A <b>STREET ADDRESS</b> P.O. BOX 5642 <b>CITY - ST - ZIP</b> LAKELAND, FL 33807	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">D. BRUCE</div> <div style="font-size: 1.5em; font-weight: bold; opacity: 0.5;">MAY 26 2010</div> <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">EXAMINER</div>					
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <u>5-20-10</u> Daytime Phone #: <u>863-444-1619</u>		

**FILED**

10 MAY 25 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05122010 Chg-LLC CR2E083 (11/08)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

APPEL LAW GROUP  
625 COMMERCE DR  
LAKELAND, FL 33813

Name: Tabatha Urban  
Street Address (P.O. Box Number is Not Acceptable): 206 Easton Dr.  
Suite 107  
City: Lakeland **FL** Zip Code: 33803

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**NAME**  
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LAKELAND, FL 33807

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Date: 5-20-10 Daytime Phone #: 863-444-1619