

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000048223

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** WIN-WIN FORECLOSURE SOLUTIONS, LLC

**Current Principal Place of Business:**

8458 BOCA GLADES BLVD EAST  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

8458 BOCA GLADES BLVD EAST  
BOCA RATON, FL 33434 US

**New Mailing Address:**

**FEI Number:** 26-2854606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** JANICE NULL OBO INCORP SERVICES, INC.

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BELLO, ROBERT G  
**Address:** 8458 BOCA GLADES BLVD EAST  
**City-St-Zip:** BOCA RATON, FL 33434 US

**ADDITIONS/CHANGES:**

**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:** ROBERT G BELLO

MGRM

04/30/2009

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