

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000051639

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** FINANCIAL ASSET SERVICES, LLC

**Current Principal Place of Business:**

725 HARBOR BLVD  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

725 HARBOR BLVD  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 26-2658576

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BELAIR, LAURIE  
725 HARBOR BLVD  
DESTIN, FL 32541 US

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

SOUTHERN LOSS MITIGATION LLC  
725 HARBOR BLVD  
DESTIN, FL 32541 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: EDWARD SMITH

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOUTHERN LOSS MITIGATION, LLC  
Address: 725 HARBOR BLVD  
City-St-Zip: DESTIN, FL 32541

I hereby 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: EDWARD SMITH

MGRM

04/06/2011

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