

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082910

**FILED  
Apr 26, 2012  
Secretary of State**

**Entity Name:** LOSS MITIGATION OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

3145 OTTO DRIVE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

3145 OTTO DRIVE  
LAKELAND, FL 33813 US

**New Mailing Address:**

FEI Number: 26-3272572      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

ELLIOTT, VIVIAN  
3145 OTTO DRIVE  
LAKELAND, FL 33813 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ELLIOTT, VIVIAN  
Address: 3145 OTTO DRIVE  
City-St-Zip: LAKELAND, FL 33813 US

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: VIVIAN ELLIOTT

MGRM

04/26/2012

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