

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087958

FILED
Apr 29, 2009
Secretary of State

Entity Name: LOSS MITIGATION HOLDING COMPANY, LLC

Current Principal Place of Business:

1520 N. WICKHAM ROAD
MELBOURNE, FL 32935 US

New Principal Place of Business:

1801 SANDY CREEK LANE
SUITE 215
ORLANDO, FL 32826 US

Current Mailing Address:

2761 ENGLEWOOD DRIVE
MELBOURNE, FL 32940 US

New Mailing Address:

1801 SANDY CREEK LANE
SUITE 215
ORLANDO, FL 32826 US

FEI Number: 26-8338583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, B. W III
2761 ENGLEWOOD DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

MAY, B. W III
1520 N. WICKHAM ROAD
MELBOURNE, FL 32935 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MAY, B. W III
Address: 2761 ENGLEWOOD DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: MGRM () Delete
Name: MORRIS, DONALD
Address: 10968 HAMILTON DOWNS COURT
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MORRIS, DONALD
Address: 4133 ALCOTT CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

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: B. W. MAY III

MGRM

04/29/2009

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