

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093669

FILED  
Feb 13, 2009  
Secretary of State

**Entity Name:** LOSS MITIGATION COUNSELING SERVICES, LLC.

**Current Principal Place of Business:**

6360 PRESIDENTIAL COURT  
SUITE 4A  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

**Current Mailing Address:**

6360 PRESIDENTIAL COURT  
SUITE 4A  
FORT MYERS, FL 33919 US

**New Mailing Address:**

**FEI Number:** 26-3501138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YANNONE, JOHN J  
4760 TAMiami TRAIL NORTH  
SUITE 27  
NAPLES, FL 34103 US

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

KYLE, KEVIN  
1380 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 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: KEVIN KYLE

02/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOLLOWAY, CLARENCE E  
Address: 6360 PRESIDENTIAL COURT, SUITE 4A  
City-St-Zip: FORT MYERS, FL 33919 US

Title: MGRM (X) Delete  
Name: WALTON, LAKE M III  
Address: 6360 PRESIDENTIAL COURT, SUITE 4A  
City-St-Zip: FORT MYERS, FL 33919 US

**ADDITIONS/CHANGES:**

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

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: CLARENCE E SOLLOWAY

MGRM

02/13/2009

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