

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098895

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Entity Name:** STRATEGIC ALLIANCE MORTGAGE, LLC

**Current Principal Place of Business:**

95 MERRICK WAY, SUITE 360  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

95 MERRICK WAY, SUITE 360  
SUITE 360  
CORAL GABLES, FL 33134

**Current Mailing Address:**

95 MERRICK WAY, SUITE 360  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-3604485

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOOD, THOMAS D JR.  
95 MERRICK WAY, SUITE 360  
CORAL GABLES, FL 33134 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: MGR  
Name: WOOD, JR., THOMAS D  
Address: 95 MERRICK WAY, SUITE 360  
City-St-Zip: CORAL GABLES, FL 33134

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: THOMAS D WOOD JR

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04/13/2012

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