2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 18, 2009
Secretary of State

DOCUMENT# L08000101951

Entity Name: TRUE LOSS MITIGATION SPECIALISTS, LLC

Current Principal Place of Business:

2835 SW 91ST ST.
SUITE 300
GAINESVILLE, FL 32608

New Principal Place of Business:

170 SW LEGACY GLEN
LAKE CITY, FL 32025

Current Mailing Address:

PO BOX 2287
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 26-3941793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CURRY, CHRISTOPHER J
2835 SW 91ST ST.
SUITE 300
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

CURRY, CHRISTOPHER J
170 SW LEGACY GLEN
LAKE CITY, FL 32025 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: CHRIS CURRY 06/18/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CURRY, CHRISTOPHER J
Address: 2835 SW 91ST ST.
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CURRY, CHRISTOPHER J
Address: 170 SW LEGACY GLEN
City-St-Zip: LAKE CITY FL, FL 32025

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: CHRIS CURRY MM 06/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date