

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000101951

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** TRUE LOSS MITIGATION SPECIALISTS, LLC

**Current Principal Place of Business:**

170 SW LEGACY GLEN  
LAKE CITY, FL 32025

**New Principal Place of Business:**

118 SW SWEETBRIAR LANE  
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 ( )**

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

CURRY, CHRISTOPHER J  
170 SW LEGACY GLEN  
LAKE CITY, FL 32025 US

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

JOHNSON, HEATHER R  
118 SW SWEETBRIAR LANE  
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: HEATHER R. JOHNSON

04/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHNSON, HEATHER R  
Address: 118 SW SWEETBRIAR LANE  
City-St-Zip: LAKE CITY FL, FL 32025

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: HEATHER R. CURRY

PRE

04/28/2010

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