

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103439

Entity Name: MORTGAGE RESQ., LLC

FILED
May 14, 2009
Secretary of State

Current Principal Place of Business:

10223 WIDGEON WAY
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

10223 WIDGEON WAY
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 26-3587324 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:

Name and Address of New Registered Agent:

TRUPPI, DONALD
10223 WIDGEON WAY
NEW PORT RICHEY, FL 34654 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TRUPPI, DONALD
Address: 10223 WIDGEON WAY
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: MGRM () Delete
Name: JOHNSON, RJ
Address: 1317 JUNIPER CIRCLE
City-St-Zip: PLANT CITY, FL 33563

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: DONALD TRUPPI

M/S

05/14/2009

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