

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000062224

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MORTGAGE MITIGATION L.L.C.

**Current Principal Place of Business:**

10523 CRESTON GLEN CIRCLE EAST  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

11512 LAKE MEAD AVE  
701  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

10523 CRESTON GLEN CIRCLE EAST  
JACKSONVILLE, FL 32256

**New Mailing Address:**

11512 LAKE MEAD AVE  
701  
JACKSONVILLE, FL 32256

**FEI Number:** 27-0405361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANGELO, JAMES  
10523 CRESTON GLEN CIRCLE EAST  
JACKSONVILLE, FL 32256 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:** ANGELO, JAMES  
**Address:** 10523 CRESTON GLEN CIRCLE EAST  
**City-St-Zip:** JACKSONVILLE, FL 32256

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:** JAMES ANGELO

MGR

03/26/2012

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