

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000079584

FILED
Apr 27, 2011
Secretary of State

Entity Name: TNT FORECLOSURE REHAB LLC

Current Principal Place of Business:

355 SAGEWOOD DRIVE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

355 SAGEWOOD DRIVE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 27-0772564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, KIMBERLY
355 SAGEWOOD DRIVE
PORT ORANGE, FL 32127 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: MGRM
Name: MOORE, SCOTT
Address: 355 SAGEWOOD DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM
Name: MOORE, KIMBERLY
Address: 355 SAGEWOOD DRIVE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: MGRM
Name: MOORE, RALPH
Address: 1891 SPRUCE CREEK BLVD.
City-St-Zip: PORT ORANGE, FL 32128 US

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: KIMBERLY MOORE

MGRM

04/27/2011

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