

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0045160

DOCUMENT # M01000001229

1. Entity Name
PCFS MORTGAGE RESOURCES, LLCFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4:37

Principal Place of Business
TWO RAVINIA DRIVE
SUITE 605
ATLANTA GA 30346Mailing Address
TWO RAVINIA DRIVE
SUITE 605
ATLANTA GA 30346

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 31-1781245

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 Additional
Fee Required☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003000015296546
04/03--01002--027 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	GRAVINO, RICHARD	10865 ROSEBRIAR DRIVE	UNION KY				
V	BARRON, GERALD	11327 LOFTUS LANE	UNION KY				
VT	NEIL, JON	455 VINEYARD HILLS DRIVE	CINCINNATI OH		Monique Riccobelli	10039 Grimsby Lane	Cincinnati, OH 45241
VS	DECKER, RANDY	140 COVEY CROSSING	FAYETTEVILLE GA				
P	OLIVER, DAVID	1101 JUNIPER STREET - UNIT 805	ATLANTA GA				
V	WEBER, KATHRYN	6225 STERLING DRIVE	SUWANNEE GA				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)