FILED
May 24, 2002 8:00 am
Secretary of State
04-22-2002 90238 045 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000002127

1. Entity Name
Direct Home Capital LLC

DO NOT WRITE IN THIS SPACE

$62.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1301 N. Congress Ave	1301 N. Congress Ave.
Suite, Apt. #, etc. Ste. 120	Suite, Apt. #, etc. Ste. 120
City & State Boynton Beach	City & State Boynton Beach
Zip 33426 Country USA	Zip 33426 Country USA

4. FEI Number 72-1511698 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation FL Zip Code: 33324

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.

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	manager Roman Kowalewski 517 Aylesbury Rd. Delray Beach FL 33444
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	manager Kaz Madry 37-14 86th St Jackson Heights NY 11372
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CR2E083B (12/01)

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: _____ 04/10/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #