

~~\*Amended\*~~  
**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY 16 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M01000002601

1. Entity Name

TRG Financial, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2828 Coral Way

3. Mailing Address

1 Home Campus

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Penthouse #2

Suite, Apt. #, etc.

MAC X2401-049

City & State

Miami, FL

City & State

Des Moines, IA

4. FEI Number

42-1526507

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

50328

Country

USA

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

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  
MGRM  
Wells Fargo Home Mtg., Inc. dba Wells Fargo Ventures, LLC  
1 Home Campus  
Des Moines, IA 50328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600005666296--2  
-06/03/02--01099--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TRG-WF, LLC  
2828 Coral Way, Penthouse #2  
Miami, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Robert Scallion

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

Date

4/22/02

Daytime Phone #

515-213-7559

Robert Scallion AUP Wells Fargo Home Mtg., Inc dba Wells Fargo Ventures, LLC

CR2E083B (12/01)