**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # M0100002654 1. Entity Name 04-02-2002 90981 011 \*\*\*\*50.00 SELECT MORTGAGE GROUP LTD. LLC. Mailing Address Principal Place of Business 6784 LOOP ROAD 6784 LOOP ROAD 000010 **CENTERVILLE OH 45459 CENTERVILLE OH 45459** 2. Principal Place of Business 3. Mailing Address see below Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 31-1480758 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Sant MILLS, CHARLENE L Street Address (P.O. Box Number is Not Acceptable) 120 ZEAGLER DRIVE PALATKA FL 32177 City 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. DATE e required when reinstating) FILE NOW!!! FEE IS \$50.00 ~ Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. (9/01 MGR TITLE ☐ Change Addition TITLE ☐ Delete NAME MERKEL, RODGER M NAME CR2E083 STREET ADDRESS 6784 LOOP ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CENTERVILLE OH Change ☐ Addition MGR TITLE TITLE MILLS, DAVID M MAME STREET ADDRESS STREET ADDRESS 6784 LOOP ROAD CITY-ST-ZIP CITY-ST-ZIP CENTERVILLE OH ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME ~ N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY#ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE. ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 receiverer trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: