

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90116 009 ***138.75

DOCUMENT # M02000000073

1. Entity Name
CITIFINANCIAL MORTGAGE COMPANY (FL), LLC



Principal Place of Business
300 ST. PAUL PLACE
BALTIMORE, MD 21202

Mailing Address
300 ST. PAUL PLACE
BSPMD-LEGAL DEPT
BALTIMORE, MD 21202

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0007139

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ASVP ☐ Delete
NAME DAVIS, LINDA S
STREET ADDRESS 300 ST PAUL PL
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE VP ☐ Delete
NAME TIMKEN, KATHLEEN A
STREET ADDRESS 4000 REGENT BLVD
CITY-ST-ZIP IRVING, TX 75063

TITLE AS ☐ Delete
NAME BAER, TERESA M
STREET ADDRESS 300 ST PAUL PL
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE ASAT ☐ Delete
NAME CANEDY, K.A.
STREET ADDRESS 300 ST. PAUL PL
CITY-ST-ZIP BALTIMORE, MD 21202

TITLE PD ☒ Delete
NAME SCHUTT, EUGENE
STREET ADDRESS 4000 REGENT BLVD
CITY-ST-ZIP IRVING, TX 75063

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME *President/Director*
STREET ADDRESS *William P. Beckmann*
CITY-ST-ZIP *4000 Regent Blvd*
Baltimore, MD 21202

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *K.A. Canedy* *K.A. Canedy* *3/28/08* *410-332-3067*

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

Date

Daytime Phone #