

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2003 8:00 am
Secretary of State

09-23-2003 90023 035 ****50.00

DOCUMENT # M02000002859

1. Entity Name

CELEBRATION MORTGAGE, LLC



Principal Place of Business

215 CELEBRATION PLACE, SUITE 500
CELEBRATION FL 34747

Mailing Address

215 CELEBRATION PLACE, SUITE 500
CELEBRATION FL 34747

2. Principal Place of Business

720 Celebration Ave

Suite, Apt. #, etc.

Suite 150

City & State
Celebration

Zip
34747

Country
US

3. Mailing Address

720 Celebration Ave

Suite, Apt. #, etc.

Suite 150

City & State
Celebration

Zip
34747

Country
US



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **16-1586590**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAWMILLER, SONDR
215 CELEBRATION PLACE, SUITE 500
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

Name

Sawmiller, Sondra

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

720 Celebration Ave

Suite 150

City

Celebration

FL

Zip Code
34747

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]*

9/15/03

(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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: *mgr*
NAME: *Sondra M. Sawmiller*
STREET ADDRESS: *720 Celebration Ave Suite 150*
CITY-ST-ZIP: *Celebration, FL 34747*

☐ Delete

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10. ADDITIONS/CHANGES

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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]* **SIGNATURE REQUIRED**

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

9/15/03 407-566-2080

Date

Daytime Phone #

CR2E083 (4/03)