

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90043 031 ****50.00

DOCUMENT # M03000000411

1. Entity Name

GREENRIDGE MORTGAGE SERVICES, LLC



Principal Place of Business

**1 HOME CAMPUS
MAC X2401-049
DES MOINES, IA 50328**

Mailing Address

**1 HOME CAMPUS
MAC X2401-049
DES MOINES, IA 50328**

20050320



04202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

03-0419145

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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. 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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WELLS FARGO VENTURES, LLC
1 HOME CAMPUS, MAC X2401-049
DES MOINES, IA 503280001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREENRIDGE SVCS. GROUP
3115 ORHCARD VISTA DR., SE
GRAND RAPIDS, MI 49546**

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

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-22-05 515-213-7559

Robert Scallon - AUP of Member