

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90417 044 ****50.00

DOCUMENT # M03000001573

1. Entity Name

TRUE LENDING COMPANY, LLC



Principal Place of Business

4200 RAINEY WOODS DRIVE
MEMPHIS TN 38125

Mailing Address

4200 RAINEY WOODS DRIVE
MEMPHIS TN 38125

2. Principal Place of Business

3350 Players Club Parkway

Suite, Apt. #, etc.

110

City & State

Memphis, TN

Zip

38125

Country

USA

3. Mailing Address

3350 Players Club Parkway

Suite, Apt. #, etc.

110

City & State

Memphis, TN

Zip

38125

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

62-1842357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORY, PAYTON
961 JASMINE DRIVE
DELRAY BEACH FL 33483

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MAYES, ROBERT E
STREET ADDRESS 4200 RAINEY WOODS DRIVE
CITY-ST-ZIP MEMPHIS TN 38125

TITLE MGR ☐ Delete
NAME BROWN, RAYMOND L
STREET ADDRESS 4200 RAINEY WOODS DRIVE
CITY-ST-ZIP MEMPHIS TN 38125

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3350 Players Club Parkway/Suite 110
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3350 Players Club Parkway/Suite 110
CITY-ST-ZIP

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

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

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Raymond Brown

4/16/04

901-374-9660 ext 385