

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90063 004 ****50.00

DOCUMENT # M03000002121

1. Entity Name
ENTER MORTGAGE, LLC



24059097

Principal Place of Business

Mailing Address

~~5345 HWY 90, STE. A~~
~~PAGE, FL 32571~~

~~5345 HWY 90, STE. A~~
~~PAGE, FL 32571~~

2. Principal Place of Business
4400 Bayou Blvd.

3. Mailing Address
3232 Newmark Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#20

City & State
Pensacola, FL

City & State
Miamisburg, OH

04232004

Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1192919

Applied For
Not Applicable

Zip
32503

Country
Escambia

Zip
45342

Country
Montgomery

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**MGR
WALTER, JOHN D
3232 NEWMARK DR.
MIAMISBURG, OH 45342**

☐ Delete

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10. ADDITIONS/CHANGES

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CITY - ST - ZIP

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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:

John D. Walter

04/28/2004

(937) 910-4373

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

Date

Daytime Phone #

John D. Walter, VP of NCMC, Managing Member