

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90029 020 \*\*\*138.75

**DOCUMENT # M04000000042**

1. Entity Name  
**SUN HOME MORTGAGE, L.L.C.**



Principal Place of Business  
**9700 RESERVE BLVD.  
PORT SAINT LUCIE, FL 34986**

Mailing Address  
**901 SEMMES AVENUE MTG 1815  
RICHMOND, VA 23224**

**60029081**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03122008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**43-2036469**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

10. ADDITIONS / CHANGES

TITLE **MGR** ☒ Delete  
NAME **SUNTRUST LENDER MANAGEMENT, L.L.C.**  
STREET ADDRESS **901 SEMMES AVENUE MTG 1815**  
CITY-ST-ZIP **RICHMOND, VA 23224**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **SunTrust Lender Management, L.L.C.**  
STREET ADDRESS **901 Semmes Ave. MTG 1815**  
CITY-ST-ZIP **Richmond, VA 23224**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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:

*April B. Wells*  
**April B. Wells, Manager**

**4/11/08**

**804 291-0018**

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

Date

Daytime Phone #