

MO4060001924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

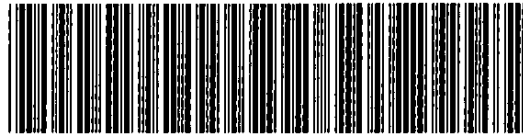
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1799, 707 671

Office Use Only



200109178372

09/18/07--01003--003 **35.00

FILED

07 SEP 26 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MO4-1924

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Quick Solution Mortgage, LLC

DOCUMENT NUMBER: M04000001924

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jose De De La Rosa

(Name of Contact Person)

Quick Solution Mortgage, LLC

(Firm/ Company)

2 Norwich Dr

(Address)

Johnston, RI 02919

(City/ State and Zip Code)

For further information concerning this matter, please call:

Jose De De La Rosa

(Name of Contact Person)

at (772) 626-9600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
07 SEP 26 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2007

JOSE DE DE LA ROSA
2 NORWICH DR.
JOHNSTON, RI 02919

SUBJECT: QUICK SOLUTION MORTGAGE, LLC
Ref. Number: M04000001924

We have received your document for QUICK SOLUTION MORTGAGE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 507A00055158

FILED
07 SEP 26 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUICK SOLUTION MORTGAGE, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE DE DE LA ROSA

(Name of Person)

QUICK SOLUTION MORTGAGE, LLC

(Firm/Company)

2 NORWICH DR

(Address)

JOHNSTON RI 02919

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE DE DE LAROSA at (772) 626-9600

(Name of Person)

(Area Code and Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
07 SEP 26 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: QUICK SOLUTION MORTGAGES, LLC.
2. This entity was formed under the laws of: RHODE ISLAND.
3. This entity was authorized to transact business in Florida on 05-04-04
and its Florida document/registration number is M04000001924.
4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

CEO

JOSE DE DE LA ROSA
2 NORWICH DR
RHODE ISLAND,02919

P

KEILA DE LA ROSA
2 NORWICH DR
RHODE ISLAND,02919

VP

SANTIAGO GUERRERO
411 SW SELDAM PLACE
PORT ST. LUCIE, FL 34953

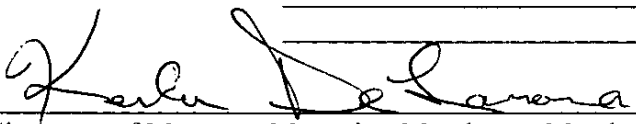
VP

MARIA PERILLA
92 West Palm Dr
Margate, FI 33063

AGENT

VICTOR PEREZ
400 NW SHEFIELD DR
PORT ST. LUCIE, FL 34983

Required Signature: _____


(Signature of Manager, Managing Member or Member)

Filing Fee: \$25

FILED
07 SEP 26 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA