

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003556

Entity Name: S AND L MORTGAGE, LLC

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

3197 FERNS GLEN DRIVE  
TALLAHASSEE, FL 32309

## New Principal Place of Business:

## Current Mailing Address:

3197 FERNS GLEN DRIVE  
TALLAHASSEE, FL 32309

## New Mailing Address:

FEI Number: 20-3839449

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LEFEVER, CHARLES  
3197 FERNS GLEN DRIVE  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

STABILE, VICTOR P  
3197 FERNS GLEN DRIVE  
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: VICTOR P. STABILE

04/24/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LEFEVER, CHARLES  
Address: 3197 FERNS GLEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGR ( ) Delete  
Name: STABILE, VICTOR  
Address: 3197 FERNS GLEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: STABILE, VICTOR P  
Address: 3197 FERNS GLEN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VICTOR P. STABILE

MGR

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date