

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-25-2008 90029 016 ***138.75

DOCUMENT # M06000005289

1. Entity Name
PRISTINE MORTGAGE, L.L.C.



Principal Place of Business
**4401 N HIMES AVE
STE 275
TAMPA, FL 33614**

Mailing Address
**4401 N HIMES AVE
STE 275
TAMPA, FL 33614**

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

3. Mailing Address
901 Semmes Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MTG 1815

03122008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

Richmond, VA 23224

4. FEI Number

02-0786673

Applied For

Not Applicable

Zip

Country

Zip

Country

USA

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**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SUNTRUST LENDER MANAGEMENT LLC
901 SEMMES AVE.MTG 1815
RICHMOND, VA 23224** ☐ Delete

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

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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:

Daniqua L. Blowe **Daniqua L. Blowe**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/08
Date

804 291-2429
Daytime Phone #

Manager
Title