

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000335

FILED  
Mar 17, 2009  
Secretary of State

Entity Name: FORECLOSURE RESCUE SERVICES LLC

## Current Principal Place of Business:

2125 BISCAYNE BLVD, STE 100  
MIAMI, FL 33137

## New Principal Place of Business:

2125 BISCAYNE BOULEVARD  
SUITE 100  
MIAMI, FL 33137

## Current Mailing Address:

2125 BISCAYNE BLVD, STE 100  
MIAMI, FL 33137

## New Mailing Address:

2125 BISCAYNE BOULEVARD  
SUITE 100  
MIAMI, FL 33137

FEI Number: 26-1851335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BERTRAM SERVICES, LLC  
301 ARTHUR GODFREY RD. SUITE 502  
MIAMI BEACH, FL 33140 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DE CASTRO, E. DALVO  
Address: 301 ARTHUR GODFREY RD. SUITE 502  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM ( ) Delete  
Name: BALCKER, ROBERTO U  
Address: 301 ARTHUR GODFREY RD. SUITE 502  
City-St-Zip: MIAMI BEACH, FL 33140

## ADDITIONS/CHANGES:

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

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

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: E. DALVO DE CASTRO

MGRM

03/17/2009

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