

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M08000000335

FILED
Apr 02, 2009
Secretary of State**Entity Name:** FORECLOSURE RESCUE SERVICES LLC**Current Principal Place of Business:**2125 BISCAYNE BOULEVARD
SUITE 100
MIAMI, FL 33137**New Principal Place of Business:****Current Mailing Address:**2125 BISCAYNE BOULEVARD
SUITE 100
MIAMI, FL 33137**New Mailing Address:****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 (X) 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 DECASTRO MGRM 04/02/2009

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