

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001416

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** PENNYMAC LOAN SERVICES, LLC

**Current Principal Place of Business:**

27001 AGOURA ROAD, SUITE 350  
CALABASAS, CA 91301

**New Principal Place of Business:**

27001 AGOURA ROAD THIRD FLOOR  
SUITE 350  
CALABASAS, CA 91301

**Current Mailing Address:**

27001 AGOURA ROAD, SUITE 350  
CALABASAS, CA 91301

**New Mailing Address:**

27001 AGOURA ROAD THIRD FLOOR  
SUITE 350  
CALABASAS, CA 91301

**FEI Number:** 26-2049351

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
**Name:** KURLAND, STANFORD L  
**Address:** 27001 AGOURA ROAD THIRD FLOOR SUITE 350  
**City-St-Zip:** CALABASAS, CA 91301

**Title:** MGRM  
**Name:** GROGIN, JEFFREY P  
**Address:** 27001 AGOURA ROAD THIRD FLOOR SUITE 350  
**City-St-Zip:** CALABASAS, CA 91301

**Title:** MGRM  
**Name:** SPECTOR, DAVID A  
**Address:** 27001 AGOURA ROAD THIRD FLOOR SUITE 350  
**City-St-Zip:** CALABASAS, CA 91301

I hereby 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:** ANNE MEYER

\_\_\_\_\_  
POA

\_\_\_\_\_  
04/07/2011

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