

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002384

Entity Name: MYMORTGAGEPRO, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

1084 EAST NEW CIRCLE ROAD, STE 200
LEXINGTON, KY 40505

New Principal Place of Business:

1084 EAST NEW CIRCLE ROAD
SUITE 200
LEXINGTON, KY 40505

Current Mailing Address:

1084 EAST NEW CIRCLE ROAD, STE 200
LEXINGTON, KY 40505

New Mailing Address:

1084 EAST NEW CIRCLE ROAD
SUITE 200
LEXINGTON, KY 40505

FEI Number: 61-1379757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: PRESTON, JOHN M
Address: 1084 EAST NEW CIRCLE ROAD, STE 200
City-St-Zip: LEXINGTON, KY 40505

Title: MGRM () Delete
Name: PRESTON, RAGAN
Address: 1084 EAST NEW CIRCLE ROAD, STE 200
City-St-Zip: LEXINGTON, KY 40505

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: JOHN M PRESTON

MGRM

04/07/2009

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