

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0028446

DOCUMENT # M97000000250

1. Entity Name

WM MORTGAGE SERVICING LLC



FILED

03 FEB 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O WM MORTGAGE SERVICING LLC
1773 WILTSHIRE VILLAGE DR
WELLINGTON FL 33414

Mailing Address

C/O WM MORTGAGE SERVICING LLC
1773 WILTSHIRE VILLAGE DR
WELLINGTON FL 33414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0753290

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHERRY, MICHAEL
1773 WILTSHIRE VILLAGE DRIVE
WELLINGTON FL 33414 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
100012593561
02/17/03--01051--009 **55.00 ☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption state indicated on this report is true and accurate and that my signature shall have the same legal effect limited liability company or the receiver or trustee empowered to execute this report as required b

Michael Sherry February 11, 2002 (914) 793-1793 X22

SIGNATURE: *Michael Sherry* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)