

2001 UNIFORM BUSINESS REPORT (UBR)

0032451 SP

DOCUMENT # M98000001546

1. Entity Name

TRYON AVENUE MORTGAGE, LLC

FILED

01 MAR 16 PM 4: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**1773 WILSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

Mailing Address

**1773 WILSHIRE VILLAGE DRIVE
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

65-0890476

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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 Department of State**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **SHERRY, MICHAEL**
STREET ADDRESS **8 MEADOWS LANE**
CITY-ST-ZIP **CLOSTER NJ 07624**

TITLE **MGR** ☐ Delete
NAME **BLASER, NATHAN**
STREET ADDRESS **3520 SOUTH OCEAN BLVD.**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **SHERRY, MICHAEL**
STREET ADDRESS **1773 WILSHIRE VILLAGE DR, WELLINGTON**
CITY-ST-ZIP **FL 33414**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **DELETE**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **80000390938**
STREET ADDRESS **-03/26/01--01086--023**
CITY-ST-ZIP *******55.00 *****55.00**

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Michael Sherry

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

MARCH 14, 2001 914 793-1793 X22

CR2103 (11/00)