

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90342 007 ****50.00

DOCUMENT # M99000000333

1. Entity Name
**SOUTHEAST ALLIANCE OF FORECLOSURE
SPECIALISTS, LLC**



Principal Place of Business

**5040 ADDISON CIRCLE
#400
ADDISON, TX 75001**

Mailing Address

**5040 ADDISON CIRCLE
#400
ADDISON, TX 75001**

14023106



05252004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-2790136

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RICHARDS, NANCY T
5040 ADDISON CIRCLE STE 400
ADDISON, TX 75001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RON NATION
222 S WESTMONTE DRIVE STE 110
ALTAMONTE SPRINGS, FL 32714**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ADMN
BARRENTINE, LISA
5040 ADDISON CIRCLE
ADDISON, TX 75001**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

5/26/04

Date

972-788-1100

Daytime Phone #