

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084979

Entity Name: LOSS MITIGATION ASSISTANCE LLC

Current Principal Place of Business:

370 7TH ST SW
NAPLES, FL 34117

Current Mailing Address:

370 7TH ST SW
NAPLES, FL 34117 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARON, BRIAN A
370 7TH ST SW
NAPLES, FL 34117 US

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

Authorized Person(s) Detail :

Title MGR
Name CARON, BRIAN A
Address 370 7TH ST SW
City-State-Zip: NAPLES FL 34117

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN A CARON

MGR

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date