## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001275

**Entity Name: MISSION MORTGAGE LLC** 

**Current Principal Place of Business:** 

159 CROCKER PARK BOULEVARD 4TH FLOOR, OFFICE 439 WESTLAKE, OH 44145

## **Current Mailing Address:**

159 CROCKER PARK BOULEVARD 4TH FLOOR, OFFICE 439 WESTLAKE, OH 44145 US

FEI Number: 81-3313999 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

**FILED** Apr 22, 2021

**Secretary of State** 

3762295402CC

Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER

Name HARRIGAN, KEVIN Name MCSHERRY, JOSEPH

159 CROCKER PARK BOULEVARD Address 1100 VIRGINIA DRIVE Address SUITE 125

4TH FLOOR, OFFICE 439

FORT WASHINGTON PA 19034 WESTLAKE OH 44145 City-State-Zip: City-State-Zip:

Title **MEMBER** 

NEW PENN FINANCIAL, LLC Name

159 CROCKER PARK BOULEVARD Address

4TH FLOOR, OFFICE 439

WESTLAKE OH 44145 City-State-Zip:

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.

04/22/2021 SIGNATURE: KEVIN HARRIGAN **MANAGER**