

**2023 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

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	HARRIGAN, KEVIN	Name	MCSHERRY, JOSEPH
Address	1100 VIRGINIA DRIVE SUITE 125	Address	159 CROCKER PARK BOULEVARD 4TH FLOOR, OFFICE 439
City-State-Zip:	FORT WASHINGTON PA 19034	City-State-Zip:	WESTLAKE OH 44145
Title	MEMBER		
Name	NEW PENN FINANCIAL, LLC		
Address	159 CROCKER PARK BOULEVARD 4TH FLOOR, OFFICE 439		
City-State-Zip:	WESTLAKE OH 44145		

*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:** KEVIN HARRIGAN

**AUTHORIZED PERSON**

**04/19/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date