

2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000003726

Entity Name: ROCKET MORTGAGE, LLC

Current Principal Place of Business:

1050 WOODWARD AVENUE
DETROIT, MI 48226

Current Mailing Address:

1050 WOODWARD AVENUE
DETROIT, MI 48226 US

FEI Number: 38-2603955

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MBR
Name ROCKET LIMITED PARTNERSHIP
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title SECRETARY
Name BISHOP, AMY
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title CEO
Name BRAY, JESSE
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title TREASURER
Name PANAYIOTIS, MARESKAS
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title AUTHORIZED REPRESENTATIVE
Name ANTHONY, DUNN
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title AUTHORIZED REPRESENTATIVE
Name JONES JR., JAMES
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title AUTHORIZED REPRESENTATIVE
Name LANFEAR, ROBERT
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

Title AUTHORIZED REPRESENTATIVE
Name NIEMIEC, AUSTIN
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226

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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: AMY BISHOP

SECRETARY

04/13/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED REPRESENTATIVE
Name SYMONIAK, KYLE
Address 1050 WOODWARD AVENUE
City-State-Zip: DETROIT MI 48226