

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000006897

Entity Name: FIRST SIGNATURE MORTGAGE, LLC**Current Principal Place of Business:**440 MONTICELLO AVE.
NORFOLK, VA 23510**Current Mailing Address:**440 MONTICELLO AVE.
NORFOLK, VA 23510 US**FEI Number: 83-1752011****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	HARRIS, WILLIAM
Address	575 LYNNHAVEN PKWY, STE:100
City-State-Zip:	VIRGINIA BEACH VA 23452
Title	MEMBER
Name	MOVEMENT JOINT VENTURES, LLC
Address	15905 BROOKWAY DRIVE, SUITE 4108
City-State-Zip:	HUNTERSVILL NC 28078
Title	MEMBER
Name	COMMERCIAL BROKERAGE, LLC
Address	440 MONTICELLO AVE
City-State-Zip:	NORFOLK VA 23510
Title	MANAGER
Name	CRAWFORD, CASEY
Address	440 MONTICELLO AVE.
City-State-Zip:	NORFOLK VA 23510

Title	AP
Name	WEAVER, SUZANNE
Address	575 LYNNHAVEN PKWY, STE:100
City-State-Zip:	VIRGINIA BEACH VA 23452
Title	MEMBER
Name	KMCLARK1, LLC
Address	440 MONTICELLO AVE
City-State-Zip:	NORFOLK, VA 23510
Title	MEMBER
Name	FIRST SIGNATURE, LLC
Address	440 MONTICELLO AVE.
City-State-Zip:	NORFOLK VA 23510
Title	MANAGER
Name	MELVIN, JONATHAN
Address	440 MONTICELLO AVE.
City-State-Zip:	NORFOLK VA 23510

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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: SUZANNE WEAVER**AUTHORIZED PERSON****04/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name HARRIS, WILLIAM F.
Address 440 MONTICELLO AVE.
City-State-Zip: NORFOLK VA 23510

Title MEMBER
Name CAMX2, LLC
Address 440 MONTICELLO AVE.
City-State-Zip: NORFOLK VA 23510