2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 20, 2021
Secretary of State
9958041693CC

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 SIGNER 04/20/2021

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