



LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: MioLoans.com LLC

SECRETARY OF STATE ID NUMBER: 2067367 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2021

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E - Filed Annual Report
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1/22/2023 06:30

☐ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Olivera, Wilson A.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

7700 Six Forks Rd. 7700 Six Forks Rd.

Raleigh, NC 27615 Wake County Raleigh, NC 27615

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Investments

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 235-2274 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS 5. PRINCIPAL OFFICE MAILING ADDRESS

7700 Six Forks Road 7700 Six Forks Road

Raleigh, NC 27615 Raleigh, NC 27615

6. Select one of the following if applicable. (Optional see instructions)

- ☐ The company is a veteran-owned small business
- ☐ The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: Wilson A. Olivera NAME: _____ NAME: _____

TITLE: Member TITLE: _____ TITLE: _____

ADDRESS: _____ ADDRESS: _____ ADDRESS: _____

7700 Six Forks Rd. _____

Raleigh, NC 27615 _____

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.

Wilson A. Olivera 1/22/2023

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

Wilson A. Olivera Member

Print or Type Name of Company Official

Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525