

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

*Brundh*

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90056 009 \*\*\*\*50.00

DOCUMENT # L01000022542

1. Entity Name

NATIONAL FINANCE GROUP, LLC

001001

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

7927 LONG BAY BLVD.

3. Mailing Address

7927-LONG BAY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL.

City & State

SARASOTA, FL.

4. FEI Number

Applied For

Not Applicable

Zip

34243

Country

MANATEE

Zip

34243

Country

MANATEE

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

William Chong

Street Address (P.O. Box Number is Not Acceptable)

7927 LONG BAY BLVD.

City

SARASOTA

FL

Zip Code

34243

**DO NOT WRITE  
IN THIS SPACE**

8. 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

*William Chong*

Signature, typed or printed name of registered agent and title if applicable.

4-1-02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
~~WILLIAM CHONG - PRESIDENT MGRM~~  
~~WILLIAM CHONG~~  
~~7927 LONG BAY BLVD.~~  
~~SARASOTA, FL. 34243~~

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM  
WILLIAM CHONG  
7927 LONG BAY BLVD.  
SARASOTA, FL 34243

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

*William Chong*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-1-02

941-720-7253

Date

Daytime Phone #