

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106512

Entity Name: BASIS FINANCIAL, L.L.C.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

17395 N. BAY ROAD, STE 102  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

3363 NE 163RD STREET, SUITE 705  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

17395 N. BAY ROAD, STE 102  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

3363 NE 163RD STREET, SUITE 705  
NORTH MIAMI BEACH, FL 33160

FEI Number: 90-0165894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SORSHER, ALEX  
2500-1 N. STATE ROAD 7  
HOLLYWOOD, FL US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KARAPETYAN, ARMEN  
Address: 17395 N. BAY ROAD, STE. 102  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KARAPETYAN, ARMEN  
Address: 3363 NE 163RD STREET, SUITE 705  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ARMEN KARAPETYAN

MGR

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date