

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002608

FILED
Jan 05, 2009
Secretary of State

Entity Name: AMERIFACTORS FINANCIAL GROUP, LLC

Current Principal Place of Business:

215 CELEBRATION PLACE
SUITE 340
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PLACE
SUITE 340
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-8957934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MCDOWELL, DEREK
Address: 4000 PONCE DE LEON BLVD.
City-St-Zip: CORAL GABLES, FL 33146

Title: MGR () Delete
Name: GOWEN, KEVEN R
Address: 215 CELEBRATION PLACE SUITE 340
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KEVIN R. GOWEN, SR. MGR 01/05/2009

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