

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000024495

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL FINANCE AND CREDIT ADVISORS LLC

**Current Principal Place of Business:**

825-A SOUTH FEDERAL HIGHWAY  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

5150 PRAIRIE DUNES VILLAGE CIRCLE  
LAKE WORTH, FL 33463

**New Mailing Address:**

**FEI Number:** 20-8740393

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

FAZIO, VITO J  
5150 PRAIRIE DUNES VIALLE CIRCLE  
LAKE WORTH, FL 33463 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:** MGRM  
**Name:** FAZIO, VITO J  
**Address:** 5150 PRAIRIE DUNES VILLAGE CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33463 US

**Title:** MGRM  
**Name:** MARTINEZ, ERIK  
**Address:** 825-A SOUTH FEDERAL HIGHWAY  
**City-St-Zip:** DEERFIELD BEACH, FL 33441 US

**Title:** MGRM  
**Name:** FAZIO, LINDA  
**Address:** 4884 BOXWOOD CIR  
**City-St-Zip:** BOYNTON BEACH, FL 3 US

I hereby 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:** VITO JOSEPH FAZIO

MGRM

01/17/2011

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