

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000087745

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC4766993971**

**Entity Name:** ASSOCIATION FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

4400 BISCAYNE BLVD.  
SUITE 550  
MIAMI, FL 33137

**Current Mailing Address:**

4400 BISCAYNE BLVD.  
SUITE 550  
MIAMI, FL 33137

**FEI Number:** 20-5508049

**Certificate of Status Desired:** No

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

OSHINSKY, JEFFREY M ESQ.  
4400 BISCAYNE BLVD.  
SUITE 550  
MIAMI, FL 33137 US

*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:** JEFFREY M. OSHINSKY

02/28/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ARNOLD, KENNETH  
Address 4400 BISCAYNE BLVD., #550  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name ARNOLD, JONATHAN  
Address 4400 BISCAYNE BLVD., #550  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name MOSKOVITZ, ALEXANDER  
Address 4400 BISCAYNE BLVD., #550  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name SCHUEPPERT, STENNING  
Address 4400 BISCAYNE BLVD., #550  
City-State-Zip: MIAMI FL 33137

Title MGR  
Name SISSMAN, DAVID  
Address 4400 BISCAYNE BLVD., #550  
City-State-Zip: MIAMI FL 33137

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH ARNOLD

**PRESIDENT**

02/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date