

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103341

**Entity Name:** AMERIFIRST CAPITAL GROUP, LLC

**Current Principal Place of Business:**

449 TWISTING PINE CIRCLE  
LONGWOOD, FL 32779

**Current Mailing Address:**

449 TWISTING PINE CIRCLE  
LONGWOOD, FL 32779

**FEI Number:** 26-3760251

**Certificate of Status Desired:** No

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

MCGREGOR, DAVID A  
449 TWISTING PINE CIRCLE  
LONGWOOD, FL 32779 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name MCGREGOR, DAVID A  
Address 449 TWISTING PINE CIRCLE  
City-State-Zip: LONGWOOD FL 32779

Title MGRM  
Name MCGREGOR, FAYE S  
Address 449 TWISTING PINE CIRCLE  
City-State-Zip: LONGWOOD FL 32779

*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:** DAVID A. MCGREGOR

MGR

02/03/2015

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date