

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039036

Entity Name: AMERICAN ASSOCIATION OF PRIVATE LENDERS, LLC**Current Principal Place of Business:**192 DAWSON VILLAGE WAY N
STE 170
DAWSONVILLE, GA 30534**Current Mailing Address:**118 N CONISTOR LN
SUITE B BOX 509
LIBERTY, MO 64068 US**FEI Number:** 26-4721404**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROLLINS, JACK
4765 RIVERGLEN BLVD
PONCE INLET, FL 32127 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:** JACK ROLLINS

01/05/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM
Name	ROLLINS, JACK
Address	4765 RIVERGLEN BLVD
City-State-Zip:	PONCE INLET FL 32127
Title	MANAGING MEMBER
Name	WILSON, FLOYD EDWARD III
Address	192 DAWSON VILLAGE WAY N STE 170
City-State-Zip:	DAWSONVILLE GA 30534

Title	MGRM
Name	GERACI, ANTHONY F
Address	2302 MARTIN, SUITE 410
City-State-Zip:	IRVINE CA 92612
Title	AUTHORIZED MEMBER
Name	HYDE, LINDA K
Address	10304 NORTH FARLEY AVENUE
City-State-Zip:	KANSAS CITY MO 64157

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: WILSON, FLOYD EDWARD, III

MANAGING MEMBER

01/05/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date