

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000084947

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC9889496855**

**Entity Name:** RELIABLE FINANCIAL ENTERPRISES, LLC

**Current Principal Place of Business:**

18520 N.W. 67TH AVENUE,  
SUITE 365  
HIALEAH, FL 33015

**Current Mailing Address:**

18520 N.W. 67TH AVENUE  
SUITE 365  
HIALEAH, FL 33015

**FEI Number:** 65-1159625

**Certificate of Status Desired:** Yes

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

MATTHEWS, NORICE  
18520 N.W. 67TH AVENUE,  
SUITE 365  
HIALEAH, FL 33015 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 MATTHEWS, NORICE  
Address 18520 N.W. 67TH AVENUE, SUITE 365  
City-State-Zip: HIALEAH FL 33015

Title S  
Name MATTHEWS, NORICE  
Address 18520 N.W. 67TH AVENUE, SUITE 365  
City-State-Zip: HIALEAH FL 33015

Title MGR  
Name CORRIOLAN, FEFFREY  
Address 18520 NW 67TH AVENUE SUITE 365  
City-State-Zip: HIALEAH FL 33015

*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:** NORICE MATTHEWS

**NORICE MATTHEWS**

**03/27/2014**

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

\_\_\_\_\_  
Date