

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000039532

**Entity Name:** A JOSEPH&FAMILY FINANCIAL SERVICES LIMITED LIABILITY COMPANY

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC5015445912**

**Current Principal Place of Business:**

8500 NW 17 AVE  
MIAMI, FL 33147

**Current Mailing Address:**

1581 WEST 49TH STREET  
242  
HIALEAH, FL 33012 US

**FEI Number: 45-1510497**

**Certificate of Status Desired: No**

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

SCOTT, JOSEPH J  
8500 NW 17 AVE  
MIAMI, FL 33147 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 MGRM  
Name SCOTT, JOSEPH J  
Address 8500 NW 17 AVE  
City-State-Zip: MIAMI FL 33147

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JOSEPH SCOTT**

**MGRM**

**04/29/2013**

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

\_\_\_\_\_  
Date