

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059829

**Entity Name:** TIGER FINANCIAL, LLC

**Current Principal Place of Business:**

16001 COLLINS AVE # 2703  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

16001 COLLINS AVE # 2703  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 39-2079352

**Certificate of Status Desired:** No

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

FONTAINE, PAUL E  
16001 COLLINS AVE # 2703  
SUNNY ISLES BEACH, FL 33160 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 TIGER FINANCING LIMITED  
Address PO BOX 2416, ROAD TOWN  
City-State-Zip: TORTOLA, BRITISH VIRGIN IS VG  
VG112-0

Title MGR  
Name FONTAINE, PAUL E  
Address 16001 COLLINS AVE # 2703  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** PAUL FONTAINE

**MANAGING MEMBER**

**04/25/2016**

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

\_\_\_\_\_  
Date