

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000060932

**Entity Name:** CLIENT DIRECT FINANCE LLC

**Current Principal Place of Business:**

955 EXECUTIVE PARKWAY, SUITE 106  
ST. LOUIS, MO 63141

**Current Mailing Address:**

PO BOX 66501  
ST. LOUIS, MO 63166-6501

**FEI Number:** 38-3843847

**Certificate of Status Desired:** No

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

GODA, JOHN M  
6371 BUSINESS BLVD.  
SARASOTA, FL 34240 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 FOLINO, JOHN A  
Address 125 HILLVUE LANE  
City-State-Zip: PITTSBURGH PA 15237

Title MGR  
Name GODA, JOHN M  
Address 6371 BUSINESS BLVD.  
City-State-Zip: SARASOTA FL 34240

*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:** JOHN GODA

**PRESIDENT**

**01/28/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date